



LOS ANGELES UNIFIED SCHOOL DISTRICT

Ramon C. Cortines
Superintendent of Schools

Carlson Home/Hospital School
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Dr. Shelley Weston
Assistant Superintendent
Secondary Instruction

Janice Davis
Director, High School Programs

Jack Bagwell
Elementary Director, Local District 2

Joe Salvemini
Principal

Date: _____

Dear Parents or Guardians,

Your child is currently involved in studying _____

(Describe the unit of study and class.)

It is my intention to use the videotape/DVD _____
(Title)

on _____ because _____
(Date)

(Describe the use of this videotape in relation to your academic goals and objectives.)

We are sending this letter to you in compliance with the District policy requiring parents/guardians to approve the intended use of videotapes or films which are not owned, broadcast, or recommended by the District prior to their scheduled showing. As part of that policy, we ask you to complete the form below, authorizing or exempting your child from the videotape showing. Please return your completed form to your child's teacher. Should you have any questions regarding the videotape, please contact me.

Sincerely,

Joe Salvemini, Principal

Name of Student: _____ Carlson Teacher: _____

Please check A or B:

- A. I give permission for my child to view _____
- B. I prefer that my child be given an alternative assignment.

Signature of Parent/Guardian: _____ Date: _____