

Newfield Central School District

Request to Show (whole) Movie*

Teacher name _____ Date _____

Name of Movie _____ Rating _____

1. How is this movie directly related to a NYS Standard learning goal/CCLS skill development for your students?

2. **If it is not directly related** to a learning goal/CCLS skill development, please explain why you wish to show this movie (ex. entertainment, fundraiser, etc.): _____

3. Which studio (*we have licenses for these*) produced this movie?

<input type="checkbox"/> Walt Disney Pictures	<input type="checkbox"/> Miramax
<input type="checkbox"/> Warner Brothers	<input type="checkbox"/> Hollywood Pictures
<input type="checkbox"/> Sony Pictures	<input type="checkbox"/> Warner Independent Pictures
<input type="checkbox"/> NBC Universal	<input type="checkbox"/> MGM
<input type="checkbox"/> New Line Cinema	<input type="checkbox"/> Summit Entertainment
<input type="checkbox"/> Lionsgate	<input type="checkbox"/> Columbia Pictures
<input type="checkbox"/> Touchstone Pictures	<input type="checkbox"/> TriStar Pictures
<input type="checkbox"/> Focus Features	<input type="checkbox"/> Fine Line Features
<input type="checkbox"/> Picturehouse	<input type="checkbox"/> Disney Pixar
<input type="checkbox"/> Other (<i>attach proof of permission from the studio if it is to be used for #2 above</i>) _____	

Date(s) movie will be shown: _____

Expected audience: _____

Administrator

Approved Not approved. Reason: _____

Signature of Administrator

Date

cc: Supt's office

*Form is not needed for short video clips