

Fairfax County Public Schools  
Local School Approval of Standalone Electronic Media

School: \_\_\_\_\_ Date: \_\_\_\_\_

Curriculum Area: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Title:  
\_\_\_\_\_

Film Rating: No Rating \_\_\_G \_\_\_PG \_\_\_PG-13 Other \_\_\_\_\_

TV Rating: No Rating TV-Y TV-G TV-PG TV-14 Other \_\_\_\_\_

Explain the relevance to the Program of Studies. Identify specific objectives.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requestor:  
\_\_\_\_\_

Reviewed by:  
\_\_\_\_\_  
(Committee members)

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Comment: \_\_\_\_\_

(Attach relevant documents)

\_\_\_\_\_  
(Signature of principal or his or her designee) Date: \_\_\_\_\_

**This completed form shall be kept on file in the principal's office or a designated location.**