School branding

Multiple texts with an MA15+ classification parent consent form

Please sign and return this form to your child’s teacher.

Student name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_ Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learning area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As part of their classroom program, students work with a range of texts such as films, documentaries, episodes on streaming services or DVDs that have been classified bythe Australian Classification Board or given an Associated Standard on Television Program Classification. MA15+ rated content is strong in impact, and legally restricted to students over 15 years of age\*.

Consent is sought for your child to work with the texts listed below/attached that have an MA15+ classification:

|  |
| --- |
| *(school complete the following details for each text – attached a table or list if required)*   * Title of text * Subject of text * Reason for viewing, e.g.: alignment to the Western Australian Curriculum; SCSA recommended; cultural, literary or artistic merit; high relevance to learning programme (*give specific details for each text*) * Potentially controversial content or themes (*give details for each text*) * Parent consent: provide Yes/ No answers for each text |

**Consent:**

|  |  |
| --- | --- |
| Yes, I consent to my child working with all the listed MA15+ classified text/s. |  |
| No, I do not consent to my child working with any of the above MA15+ classified text/s. |  |
| I consent to my child working with those MA15+ classified texts that I answered ‘yes’ to in the list. |  |

This permission will remain in place for as long as your child is enrolled at the school. If you wish to review, modify, or withdraw this consent at any time you can contact the school on (*insert details*) ………………………………………………….……………………………………

Name of person signing the consent form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_