Wheaton-Warrenville Community Unit School District 200

Request for Approval of "R" Rated Films

TEACHER	SCHOOL	DATE

DEPARTMENT	COURSE	GRADE LEVEL(S)

FILM TITLE	MPAA RATING

Edited Version ☐ **Yes** ☐ **No**

Reason for this rating: ☐ **Violence** ☐ **Drug Use** ☐ **Language** ☐ **Nudity (Sexual Content)**

Anticipated Semester of Film's Use: ☐ **1st Semester** ☐ **2nd Semester**

Use of this film will support the following critical content for this course: (Please list by number from critical content.)

Identify the curriculum connection and activities used in conjunction this film:

Department Chair Review and Approval ☐ **Approved** ☐ **Not Approved** _____ Initials _____ Date

WNHS Administrator's Review and Approval ☐ **Approved** ☐ **Not Approved** _____ Initials _____ Date

WWSHS Administrator's Review and Approval ☐ **Approved** ☐ **Not Approved** _____ Initials _____ Date

Date Approval/Denied: _____