

**LEESVILLE HIGH SCHOOL  
MOVIE APPROVAL FORM**

**Teacher Name** \_\_\_\_\_

**Name of Movie** \_\_\_\_\_

**Date that Movie will be shown** \_\_\_\_\_

**Rating of the Movie** \_\_\_\_\_

**How the Movie relates to your lesson plans?** \_\_\_\_\_

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

\_\_\_\_\_  
**Joe Sowell, Adm. Asst.**

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**Approved**

\_\_\_\_\_  
**Not Approved**