

## Curriculum Objection Request

Please complete this form and return it to the Building Principal who will submit it to the Teaching & Learning Curriculum Director(s). ***(Please print)***

| Subject Area(s) | School/Building | Teacher |
|-----------------|-----------------|---------|
|                 |                 |         |
|                 |                 |         |

Please state, as precisely as possible, the specific curriculum area, instructional material, or program to which the user objects ***(include name, title, author, and any other identifying information)***.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you become aware of the curriculum area, instructional material, or program?

- classroom observation
  review  
 word-of-mouth
  other \_\_\_\_\_

Please specify the curriculum area, instructional material, or program do you object. ***(details)***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you want your child excluded from participation ***(check one)***?    **Yes** *(answer question below)*    **No**

In place of participation in the curriculum area, what course of study would you recommend for your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complainant represents as ***(check one)***:    Student    Parent/Guardian    Other \_\_\_\_\_

\_\_\_\_\_

*Complainant Physical Address*

\_\_\_\_\_

*Complainant Email Address*

\_\_\_\_\_

*Complainant Telephone*

\_\_\_\_\_

*Complainant Name (please print)*

\_\_\_\_\_

*Complainant Signature*

\_\_\_\_\_

*Date*

***District Use Only:***

Curriculum Objection Request:    Approved    Denied

District Administration Signature: \_\_\_\_\_   Date: \_\_\_\_\_

Description of Alternative Activity: \_\_\_\_\_