



## Alternative Material Request Form

Date: \_\_\_\_\_ School Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student Grade Level: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

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

Rationale for alternative request (please include specific objections to the original text) and/or lessons, reading, discussions, etc.

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Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please submit completed form to the classroom teacher.*

**-Office Use Only-**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Course of action taken: \_\_\_\_\_

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