BILLINGS PUBLIC SCHOOLS
Inspire Educate Empower

# 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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