

WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT

CITIZEN'S REQUEST FOR REVIEW OF AN APPROVED TEXTBOOK

Author _____ Hardcover _____

Title _____ Paperback _____

Publisher _____ Edition _____

Request initiated by _____

Address _____ Zip Code _____

Telephone _____

Person requesting review represents:

Self _____ Other Group or Organization (please specify) _____

Please indicate which district staff member you have already brought this report forward to:

1. To what in the book do you object? (Please be specific, cite pages and content)

2. Do you object to the book for all children or just for your child?

3. Additional Comments

Signature

Date

Reviewed: 10-23-2020

Revised: 06/14/23, 7/1/24