



Request to Review List of Instructional Materials

By completing this form, you confirm that you are the Parent/Legal Guardian of a student enrolled in Richland County School District One, and you are requesting to review instructional materials used in a class offered by Richland One.

Parent/Legal Guardian Name: _____

Student Name: _____

School Name: _____

Please list below which instructional materials you are requesting to review.

- For elementary level, list the grade level and teacher's name.
(Example: Third Grade - Ms. Smith)
- For middle and high school level, list the course name and teacher's name.
(Example: Algebra II - Mr. Smith)

Parent/Legal Guardian email address: _____

Parent/Legal Guardian phone number: _____

Parent/Legal Guardian Signature: _____ Date: _____

*****Please return the completed form to your child's school, to the attention of the principal. All instructional materials will be sent via email, unless otherwise requested. Please allow up to 10 school days to receive information*****