BCSS Parent Curriculum Access Request Form

School Name: _____

Student's Name: _____

Student's Grade Level: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Phone Number: _____

Request Details

Date of Request: _____

Specific Curriculum Requested:

Please specify the subject(s) and class(es) for which you are requesting access to the curriculum:

- Subject: _____
- Teacher's Name: _____
- Class Period/Section: _____

Type of Materials Requested:

Please check all that apply:

- ☐ Instructional Materials (textbooks, workbooks)
- ☐ Supplemental Materials (handouts, articles)
- ☐ Other: _____

Acknowledgment

I understand that this request will be processed in accordance with the Curriculum Transparency Act SB484, and I will be notified of the availability and access details for the requested materials. I acknowledge that my request may be subject to the school's policies and procedures regarding curriculum access.

Parent/Guardian Signature: _____

Date: _____

School Office Use Only

Date Received: _____

Processed By: _____

Response Date: _____

Access Provided:

- Yes
- No

If No, Reason: _____

Comments: _____

Please submit this completed form to the school office. For any questions or further assistance, contact your local school.