



Sensitive Materials Review Committee Parent Application

Name: _____

Email: _____

Phone: _____

School Where My Child Attends: _____

If selected to serve on a committee, I would be willing to read the materials being reviewed in their entirety:

Yes _____

No _____

If selected to serve on a committee, I will attend the meetings in which the materials are being reviewed:

Yes _____

No _____

If selected to serve on a committee, I will maintain the confidentiality of the individual(s) who have submitted requests for materials to be reviewed:

Yes _____

No _____

Signature: _____ Date: _____