

Curriculum Objection Form

Please complete this form and return it to the Building Principal who will submit it to the District Complaint Manager. Please print.

Subject area

Classroom teacher

Please state, as precisely as possible, the specific curriculum area, instructional material, or program to which the user objects (*include name, title, author, and any other identifying information*).

How did you become aware of the curriculum area, instructional material, or program?

- by classroom observation by review
 by word of mouth other _____

To what in the curriculum area, instructional material, or program do you object? Be specific.

Do you want your child excluded from participation? Yes No

In place of participation in the curriculum area, what course of study would you recommend for your child?

Complainant name (*please print*)

Telephone

Complainant represents: Student Parent/guardian of student

Other _____

Complainant address

Signature of complainant

Date