Instruction

Exhibit - Curriculum Objection Form

Use this form to submit feedback and/or objections about the District's curriculum, instructional material, or programs. *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 you object (*include name, title, author, and any other identifying information*).

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

 \Box By information provided \Box By review by the teacher

 \Box By word of mouth

□ Other

inPlease explain why you object to the curriculum area, instructional material, or program, and state your desired outcome, if any? Please be specific.

(If applicable) Do you want your child to be excluded from participation? Please note parents/guardians may request exclusion and provide ideas for alternative education, but the District makes the final decision regarding such requests.

 \Box Yes \Box No

(If applicable) In place of participation in the curriculum area, what course of study would you suggest for your child?

Complainant name (ple	ase print)	Telephone		
Complainant represents	: 🗆 Student	□ Parent/guardian of student		
	\Box Other			
Complainant address				
Signature of complaina	nt	Date		
Completed by the Supe	rintendent or desig	nee.		
Written response provid	-		form)	
Superintendent or Designee Signature		Date	Date	
Reviewed:	November 6, 201	7, July 15, 2021, June 20, 2023		
Adopted:	December 18, 2017			
Revisions Adopted:	December 18, 2017, October 2021, July 31, 2023			