

**Instruction**

**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 Superintendent or designee. 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?

By information provided by the teacher       By review

By word-of-mouth       Other \_\_\_\_\_

Please 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.**

Yes       No

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Complainant name (*please print*) Telephone  
Complainant represents:  Student  Parent/guardian of student  
 Other  
\_\_\_\_\_

\_\_\_\_\_  
Complainant address  
\_\_\_\_\_

\_\_\_\_\_  
Complainant signature Date  
\_\_\_\_\_

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*Completed by the Superintendent or designee.*

Written response provided to Complainant on: \_\_\_\_\_ (attach response to this form)

\_\_\_\_\_  
Superintendent or Designee Signature Date  
\_\_\_\_\_