

White & Yellow Copy to Parent
Yellow Copy Returned to Teacher
Pink Copy for Building Principal

Date

FORM A

Semester: 1 2
(Please circle)

**Request for Parent Permission to
Use Supplemental Instructional
Materials in Class**

Subject Area

Grade

Teacher's Name

To the parents of: _____

(Title of Material to be Used)

will be used as a supplement to enhance the teaching of _____

(Name of Specific Unit Being Studied)

If you wish to preview the material, please contact the classroom teacher or library media director so that this form may be returned within one week of the date indicated above. Materials must be previewed in the classroom or school library media center.

The building principal has given approval for this material to be used for classroom instruction.

Please indicate below your decision concerning this material.

____ Yes, I give permission for this material to be presented to my son/daughter,

(Name of Student)

____ No, I do not give permission for this material to be presented to my son/daughter,

(Name of Student)

Alternate activities will be provided during the time others in the class are presented the above mentioned supplemental material(s).

Parent Signature

Date

Parents have the right to remove their child from the study of any material that they believe violates their beliefs. This right extends to Board approved materials as well as supplemental materials. The teacher does not have to seek parent permission in advance of presenting Board approved materials.

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FORM B

**Request for Parent Permission to
Use Supplemental Instructional
Materials in Class**

Subject Area Grade Teacher's Name Planning Time

During the school year, the following supplemental materials will be used to enhance the teaching of _____.
Subject Area

Title of Material Type of Material (Book, Video, Filmstrip, etc.)

If you wish to preview any of the materials listed above, please contact the classroom teacher or library media director to schedule an appropriate time. Materials must be previewed in the classroom or school library media center.

____ Yes, I give permission for my son/daughter, _____
Name
to be presented all materials listed above.

____ I give permission for my son/daughter, _____ to
be presented all materials listed above except _____
_____.

_____ No, I do not give permission for my son/daughter, _____
Name

to view any of the materials listed.

Alternate activities will be provided during the time others in the class are presented the above mentioned supplemental material(s).

Parent(s) Signature

Date