

**Instruction**

**Exhibit - Curriculum Objection**

*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?

- 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

Approved: October 17, 2016

River Bend CUSD #2

Other \_\_\_\_\_

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

\_\_\_\_\_  
Signature of complainant

\_\_\_\_\_  
Date