

**Request for Alternate Instructional Materials for an Individual Student**

Prince George's County Public Schools

**A. Parent/Guardian Information**

Name: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

**B. Material/Resource in Question**

Title: \_\_\_\_\_

Author/Publisher: \_\_\_\_\_

Type of Resource: \_\_\_\_\_

**C. Description of Concerns**

1. To what in the material do you object? (Please be specific, cite pages, etc)

\_\_\_\_\_

2. What is the reason behind your objection (Philosophical, Religious, etc.)?

\_\_\_\_\_

3. What do you think the impact on your student would be if he/she is exposed to the resource?

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Receipt of Principal/Designee:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note to Parent/Guardian: You are entitled to receive a signed copy of this request. You will receive, within 30 days, a notification of the decision regarding your request.**

Office Use: Resolution: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_