

Request to Review Class Materials
(To be submitted to Classroom Teacher)

Name of Student:
Class/Time:
Teacher:

I, the undersigned parent/guardian of _____, would like to examine the instructional materials and a course outline for the following class (check all that apply):

- Comprehensive Sex Education Course.
- AIDS instruction class.

It is my understanding the District materials I will examine are a sample of the materials which may be used in a comprehensive sex education course or an AIDS instruction class.

Signature: _____

Name of Parent/Guardian (please print)

Address:

Date: