



**Gadsden County School District
Objection to Instructional Materials Selected for Adoption**



Request Initiated By:

Parent/Legal Guardian's Name:

Last: _____ First: _____ Middle Initial: _____

Parent/Legal Guardian's Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Telephone: _____ Mobile: _____

Student Information:

Student's Name:

Last: _____ First: _____ Middle Initial: _____

School Student Attends: _____ Student's Grade: _____

Textbook Title: _____

Author/Publisher: _____

1. To what do you object? (Please be specific; site pages, sections, videos, etc.)

2. Why do you object to this material?

3. Did you examine all of this material? _____ Yes _____ No

If you answered "NO", please explain what parts of the material you did examine.

Signature: _____ Date: _____