

**St. Tammany Parish School System Curriculum Review Request**

Parent \_\_\_\_\_ Phone # \_\_\_\_\_

Student \_\_\_\_\_ Teacher \_\_\_\_\_

\_\_\_\_\_ Grade Level \_\_\_\_\_ Subject

I am requesting an appointment to review the following materials:

I am requesting copies of the following non-copyright materials:

I can be contacted at the telephone number listed for dates and times for viewing and/or copies.

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

\_\_\_\_\_  
School Personnel Signature                      Date Received

\_\_\_\_\_ Date Review Scheduled                      \_\_\_\_\_ Date for Copies