

DISTRICT LEVEL APPEAL

District Level - Request for Reconsideration of Library Materials

Instructions:

1. A challenger shall submit the District Level Appeal Form within ten (10) days of receiving the decision of the School Committee.

Challenger Information

- | | | | |
|--------------------------------------|--|------|--|
| 1. Name of Student/Student ID Number | | Date | |
| 2. Name of Parent/Legal Guardian | | | |
| 3. Address | | | |
| 4. E-mail | | | |
| 5. Phone Number | | | |
| 6. School | | | |
| 7. School Level Challenge Date | | | |

The submission of a District Level Challenge Appeal Form will receive a receipt of notice of submission within ten (10) school calendar days. The receipt of submission will include an estimated time-line for a determination of the District Level Challenge to be completed within a reasonable time period not to exceed forty-five (45) school days.

Challenged Title Information

Challenged Title Information

- | | |
|--------------|--|
| 1. Title | |
| 2. Author | |
| 3. Publisher | |

Please provide a written statement setting forth your rationale to appeal the School Committee's decision regarding the title (attach additional pages as needed).

Challenger's Signature: _____