

**Seton School Request for Removal of Instructional Materials Form**

Complete this form in full and submit it to the principal for review.

Date \_\_\_\_\_ Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Are you a Seton School Parent/Guardian? (circle one)      Yes      No

Material on which you are commenting (circle one)

Book      Textbook      Magazine      Video      Electronic Media

Title \_\_\_\_\_

Author/Producer \_\_\_\_\_

What brought this material to your attention? \_\_\_\_\_

\_\_\_\_\_

Have you read/viewed the entire resource? \_\_\_\_\_

What concerns you about the material? (Use reverse or additional pages if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_