

School District 271
Request to Opt Out
Whole Group Novel Instruction
Grades 6-12

Class: _____ **Teacher:** _____
(Please Print) (Please Print)

Novel Title: _____ **Grade:** _____
(Please Print)

I _____ request to “opt out” of the whole class novel instruction for the
(Print Student’s Name)
title listed above. I understand that the teacher will work with me to determine an alternate novel
and course of study that parallels class instruction as close as possible. I understand that I will be
excused from the classroom setting and provided an alternate place of study during whole group
instruction of the above named title.

(Student Signature) Date

(Parent Signature) Date

(Teacher Signature) Date

Adopted: Pending Review Reviewed: _____ Revised: _____