

INSTRUCTION

2530F2

Request to Opt Out of Whole Group Novel Instruction

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

Novel Title: _____ Grade: _____
(Please Print)

I, _____ (student's name), request to "opt out" of the whole class novel instruction for the title listed above for the following reason:

I understand that if this request is approved the teacher will work with me, within a two week time period from this dated form, to determine an alternate novel and course of study that parallels class instruction as closely 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/Guardian Signature _____ Date _____

Teacher Signature _____ Date _____

Administrator Signature _____ Date _____