HAMILTON COUNTY SCHOOL DISTRICT

Objection to Adopted Instructional Materials

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| --- | --- |
| Name: | Telephone: |
| Mailing Address:  |
| City: | State: | Zip Code: |
| Email: |
|  |
| Title:  |
| Author: |
| Publisher or Producer: |
| State the objection to the instructional materials: |

**Please return to: Hamilton County School District**

**Office of the Superintendent**

*Objections to adopted instructional materials must be received by the end of the 30-day window.*