

MARYSVILLE PUBLIC SCHOOLS
APPLICATION FOR CURRICULAR REVIEW AND CLASSROOM VISITATION

Parent Name: _____ Date: _____

Parent Contact Number: _____

Student Name: _____ Grade: _____

Classroom Visitation:

Requested Visit Date: _____ Time of Visit: From _____ to _____

Reason for Visit: _____

Review of Curriculum Materials: (*Curriculum Materials MUST be reviewed on site*).

Specific Curriculum and/or Instructional Materials to be reviewed: _____

Requested Review Date: _____ Time of Visit: From _____ to _____

Reason for Review: _____

Office Use Only

Date Received: _____ Request: Approved _____ Denied _____

Comments:

Signature of Principal: _____