TO USERS OF THIS POLICY MANUAL:

The district needs to continue to improve the usefulness of these policies, and we need your help. If you come across a policy that is unsatisfactory, please use this form to describe the nature of your concern and any revisions you may have in mind.

Please return the completed form to the Superintendent's Office for transmittal to the Policy Committee. Thank you for your interest.

REQUEST FOR POLICY REVISION

NAME: _____ SCHOOL: _____

POLICY TO BE REVISED: _____ DATE: _____

Description of Concern: _____

Suggested Revision: _____