

REQUEST FOR BOARD APPROVAL OF TEXTBOOK/SUPPLEMENTAL MATERIALS

Prior to submission, check [DestinyWeb](#) to see if material is board approved.

Requestor

Contact Name _____ School/Department _____

Contact Phone _____ Contact E-Mail _____

Teacher _____ Principal/Dept Head _____

Material Requested Textbook Supplemental Occasional _____ % of classroom use

Title _____ Quantity Requested _____

Publisher _____ Unit Cost _____

Author(s) _____ Estimated Total _____

Edition _____ ISBN _____

Course Information

Course _____ Grade Level(s) _____

Board Meeting Information

Who will be present for Questions at Board Meeting? _____

Justification _____

Description of Text _____

School Principal Signature _____ Date _____

*Funding Information _____

*Budget Code _____

All funding information must be included prior to submitting for approvals

District Office Use Only

Regional Assistant Superintendent Approved Not Approved

E-Signature _____ Date _____

Specialist - Curriculum Approved Not Approved

E-Signature _____ Date _____

**Sr. Director - Curriculum Approved Not Approved

E-Signature _____ Date _____

**Assistant Superintendent Curriculum & Instruction Approved Not Approved

E-Signature _____ Date _____

Public Review: 10 days _____ 60 Days _____

****required signatures**