

Plainville Community Schools
Permission to Remove Materials From the Classroom

Teacher's Name _____ Date _____

School _____ Department/Grade _____

Description of Instructional Materials to Be Removed

Title: _____ Author _____

Publisher: _____ Copyright _____

ISBN: _____

Number of Books/Condition: Excellent: _____ Good: _____ Fair: _____

Number of Worn Out (torn/missing covers/pages falling out) Books to be Discarded: _____

Other Materials (Non-books): _____

What would you like done with the books/materials?

Store for Future Use _____ Discard due to wear and tear _____

Donate/Sell/Discard as Obsolete to Curriculum _____



Please secure the following permissions:

Instructional Leader Approval: _____ Date: _____

Principal Approval: _____ Date: _____

Director of Curriculum Recommendation: _____

_____ Date: _____

Superintendent Approval: _____ Date: _____