

**TEXTBOOK ADOPTIONS
 Room 229, State House
 Indianapolis, Indiana 46204-2798**

**TEXTBOOK WAIVER APPLICATION FORM
 (SUBMIT ONE FORM FOR EACH WAIVER REQUEST)
 DUE BY June 1**

SECTION I - IDENTIFICATION

SCHOOL CORPORATION NAME		SCHOOL CORPORATION NUMBER
STREET ADDRESS	CITY	ZIP CODE
LOCAL CONTACT PERSON		TITLE
ADDRESS		TELEPHONE NUMBER

SECTION II - WAIVER INFORMATION

A TEXTBOOK WAIVER IS REQUESTED IN CATEGORY NUMBER _____ FOR COURSE
 AT GRADE(S) _____ BEGINNING WITH YEAR 19____ AND FOR _____ SUBSEQUENT YEARS.
 WILL THIS WAIVER INVOLVE ALL SCHOOLS IN THE CORPORATION?
 IF NOT, PLEASE ATTACH NAMES OF THE SCHOOLS TO WHICH THE WAIVER APPLIES.

SECTION III - TYPE OF WAIVER

PLEASE CHECK ONE - THIS REQUEST IS FOR:

(1) _____ USE OF NO TEXTBOOK.

(2) _____ USE OF TEXTBOOK(S) NOT ON THE OFFICIAL STATE ADOPTION LIST.

SECTION IV - TEXTBOOK(S) TO BE USED

ISBN	PUBLISHER	TITLE	COPYRIGHT DATE

SECTION V - RATIONALE

Please describe why this waiver is requested. Explain how the requested material meets the instructional objectives of your school's course/program. Document your answer by attaching your course/program instructional objectives, if necessary.

SECTION VI - AUTHORIZATION

ATTACH A COPY OF THE LOCAL GOVERNING BODY'S APPROVAL FOR THIS WAIVER REQUEST

Superintendent's Name

Application Date

Superintendent's Signature

Telephone Number