



Hillcrest Elementary Opt-Out Form

This form is only required when a parent is seeking to restrict access to materials in the media center.

By completing this Opt-Out form, I understand that I am opting to change the level of access to the school library for my child.

Student Name: _____ Grade: _____

Parent Name: _____

Parent Preferred Contact: _____

As the parent of _____, I wish to take full responsibility for the material my child checks out of the school media center during the school year. I understand that it is my parental responsibility to explain these restrictions to my child.

Below are books that I don't want my child to check out. (Attach list if needed.)

Title: _____

Author: _____

Title: _____

Author: _____

I understand that a note will be placed on my child's Destiny account regarding this Opt-Out Form.

Parent Signature: _____ Date: _____

Please complete this form and return it to your child's teacher or librarian.