

Marion School District #60-3

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MARION SCHOOL DISTRICT 60-3 RESTRICTED ACCESS LIBRARY MATERIALS PARENT/GUARDIAN NOTICE & CONSENT

Dear Parent/Guardian:

The Marion School District 60-3 provides students with a broad selection of library materials that support learning, literacy, personal interests, and reading development. In accordance with Board Policy IIAC – Library Materials Selection and Adoption, the District considers factors including age appropriateness, maturity level, educational significance, literary value, and the needs of the school community when selecting library materials. Some high school library materials contain more mature themes, language, violence, sexual references, or other content that some families may consider appropriate only for more mature readers. To provide an additional level of parental choice, the District has established a Restricted Access procedure for designated materials.

RESTRICTED ACCESS PROCEDURE

- Books designated as Restricted Access include all books in the adult section and those in the young adult section with the red or yellow tag on the spine.
- Parent/guardian consent must be on file with the librarian before the student may check out a Restricted Access book.
- Once consent is on file, the student may check out Restricted Access materials.
- Parents/guardians may contact the librarian with questions about a particular title or may withdraw their consent at any time.
- The Restricted Access designation does not mean that a book is obscene or inappropriate for every student. It is an additional access procedure intended to recognize differences in student maturity and provide parents/guardians with greater involvement in their child's reading choices.
- Concerns regarding individual library materials may be addressed through the District's established library materials reconsideration process.

PARENT/GUARDIAN & STUDENT CONSENT

Student Name: _____ Grade: _____
I have read and understand the information above regarding Restricted Access Library Materials.

Parent/Guardian:

- ☐ I GIVE permission for my student to check out Restricted Access Library Materials.
☐ I DO NOT GIVE permission for my student to check out Restricted Access Library Materials.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

FOR LIBRARY USE

Date Received: _____ ☐ Consent on File ☐ Consent Withdrawn
Questions may be directed to the school librarian or Superintendent.