

**ATTN: Parents and/or Guardians**

**Please complete this form & return it to your School Principal or to the  
Lexington City Board of Education Office.**

**LEXINGTON CITY SCHOOL SYSTEM**

**REQUEST FOR POLICY DEVELOPMENT/REVIEW**

**DATE:** \_\_\_\_\_

**POLICY CODE:** \_\_\_\_\_

**ACTION REQUESTED:**

\_\_\_\_\_ **Review of Present Policy**  
\_\_\_\_\_ **Development of New Policy**

**Person/Grade Level Making Request:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Reason for Request:**

\_\_\_\_\_  
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**Description of Action Requested:**

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