

ST. JOHNS COUNTY SCHOOL DISTRICT

Instructional Resources and Media Services

10 Hildreth Drive St. Augustine Florida Telephone (904)547-3947 Fax (904) 547-3950 Kimberly Clark-Dixon Director

Request for Reconsideration of Library / Instructional Materials

Request initiated by:		v
Request initiated by: Telephone:		
Email:		
Physical Address:		
Physical Address:City:	State:	Zip:
Student's school of attendance & grade	e level (if applic	cable):
Please select the type of material: School Library Materials		
Book Non-Print Material		Other
If this is a request for reconsideration of	 of library mater	ials, have you completed the Parental
Restriction on Specific Book Titles For	· —	
Instructional Materials		
Book Non-Print Material		Other
Title/ ISBN:		
Subject:		
What is objectionable about the material(s)?		
This form must be answered by the parent of a current Johns County. The parent or resident should have reac completing this form. If sufficient space is not provide	d and viewed the libr	rary or instructional material in its entirety before

attachment.)

hat negative impact, if any, do you feel would result from students using the material?
hat aspects of this material did you consider appropriate for student use?
ould you care to recommend an alternative to this material that addresses the same content standards in the me format?
inted name of Complainant:
gnature of Complainant:
ate:
ease submit the completed form to:
structional Resources and Media Services ttn: Kimberly Clark-Dixon, Director . Johns County School District 0 Hildreth Drive . Augustine, FL 32084
is form must be answered by the parent of a currently enrolled St. Johns County School District student or a resident of St. hns County. The parent or resident should have read and viewed the library or instructional material in its entirety before

completing this form. If sufficient space is not provided, attach additional sheets. (Please sign your name to each additional

attachment.)