

ST. JOHNS COUNTY SCHOOL DISTRICT

Instructional Resources and Media Services 10 Hildreth Drive St. Augustine, Florida 32084 Telephone (904) 547-3947 FAX (904) 547-3950 *Kimberly Clark-Dixon Director*

Library Materials Objection Form Every section must be completed. Incomplete forms will not be considered.

Complainant Information Name:	Telephone:		
Name: The complainant must be a parent of a SJCSD stud	lent or a St. Johns County	resident.	
Email:			
Physical Address:			
Mailing Address (if different):			
City:	State:	Zip:	
Material Information			
Name of school owning challenged material:			
Please select the type of material: () Book () No	on-Print Material () Oth	er	
Title:			
Author:			
Publisher and year of publication:			
Have you met with a school administrator regar	ding this request? Yes	or No	
What would you like to happen with this resource	ce?		
Please attach a clear and concise statement regar restricted. *Your statement must cite the suppor numbers or other evidence. *Florida Statutes 100	rting statute, rule, or cas	se law that supports y	your request and include page
Printed name of Complainant:			
Signature of Complainant:		Date:	
Please submit the completed form to the school p SJCSD Instructional Resources and Media Services Attn: Kimberly Clark-Dixon, Director 10 Hildreth Drive St. Augustine, FL 32084 <i>"The Instructional Resources and Media Services D</i>	S	implement, and impre	rove district wide instructional
technology, resources and media services that enh	· · · · · · · · · · · · · · · · · · ·		