



**The School Board of Brevard County, Florida  
2700 Judge Fran Jamieson Way, Viera, FL 32940**

**PETITION TO OBJECT TO INSTRUCTIONAL MATERIALS SELECTED FOR ADOPTION**

**DIRECTIONS:** Please print all information requested on this form.

1. As stated in §1006.28, F.S., for this petition to be considered, you must:
  - ☐ Be a parent of a Brevard Public School student or a resident of Brevard County, Florida.
  - ☐ Complete all sections legibly and in full (specifically, the form must include all required information, including parent/legal guardian/resident contact information, reason for objection, and signature).
2. Under §1006.28, F.S., **the petition must be filed within thirty (30) calendar days after the meeting in which the School Board adopts any instructional materials.** No petition will be accepted or considered after the deadline. Please scan and send all petitions to Lena Farnam, Board Clerk, via email at [Farnam.Lena@brevardschools.org](mailto:Farnam.Lena@brevardschools.org), or by mail to 2700 Judge Fran Jamieson Way, Viera, FL 32940.
3. In accordance with §1006.28, F.S., all completed and timely petitions will be reviewed by an unbiased hearing officer at a public hearing. The petitioner will be provided written notification of the date and time of the public hearing. Please note that under §1006.28(2)(a)(3), F.S., ***"The School Board's decision after convening this hearing is final and not subject to further petition or review."***

**Contact Information for Parent/Legal Guardian or Resident Submitting Petition**

Parent/Legal Guardian or Resident's Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Parent/Legal Guardian or Resident's Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Student Information (if applicable)**

Student's Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Date of Birth: \_\_\_\_\_ Student ID: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Student's Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

### Adopted Materials Information

If you are petitioning more than one (1) set of instructional materials, you must fill out one(1) petition per set of instructional materials.

Title of Material: \_\_\_\_\_  
 Author(s): \_\_\_\_\_  
 Publisher/Producer: \_\_\_\_\_  
 Copyright Date: \_\_\_\_\_

### Objection to Adopted Materials Information

In accordance with §1006.28(2)(a)3., F.S., "Each district school board must establish a process by which the parent of a public school student or a resident of the county may contest the district school board's adoption of a specific instructional material. The parent or resident must file a petition, on a form provided by the school board, within 30 calendar days after the adoption of the material by the school board. The school board must make the form available to the public and publish the form on the school district's website. The form must be signed by the parent or resident, include the required contact information, and state the objection to the instructional material based on the criteria of s. 1006.31(2) or s. 1006.40(3)(d)."

1. To what do you object? (Please be specific; cite chapter, pages, and sections.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Please state your objection to the instructional material based on the criteria of §1006.31(2), F.S., or §1006.40(3)(d), F.S., and state how these materials fail to support the standards of the course for which it was adopted.

\_\_\_\_\_

\_\_\_\_\_

3. Did you examine all of this material? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "No", please explain what parts of this material you did examine.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Petitioner's Signature (Physical Signature Required)

\_\_\_\_\_  
 Date

#### FOR ADMINISTRATIVE USE ONLY:

Date Received: \_\_\_\_\_ Verification of Parental Status: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
 (Name of Person Verifying)

Date Notice on Meeting Sent on: \_\_\_\_\_ Verification of Residency: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
 (State Method Verified)

Name of Employee Completing this section \_\_\_\_\_  
 (Print Name) (Signature)

9/25/18  
 4/17/19  
 1/9/24