



School Board of Brevard County

Open Enrollment – Parental Choice

Curriculum and Instruction

Open Enrollment Appeal Procedures

Parent(s)/Guardian(s) may submit an appeal to the Open Enrollment – Parental Choice, Leading and Learning office for an Open Enrollment application that was denied.

For appeal eligibility, you must meet the following criteria:

1. You must have completed an Open Enrollment application for the 2024-2025 school year and it was denied, **and**;
2. You must submit the Appeal Form to Curriculum and Instruction with accompanying documentation that supports the appeal, **and**;
3. Appeals must be received no later than **June 10th, 2024, by 3:00 pm.**

To Submit an Appeal

1. The form should be printed and completed in its entirety. Provide information to support your reason for the appeal. Additional pages may be used if needed.
2. Please mail or Email (Openrollment@brevardschools.org) the appeal form and all supporting documents (if applicable) to:

Open Enrollment – Parental Choice
Curriculum and Instruction
Att: Dr. Melinda Maier
Brevard Public Schools
2700 Judge Fran Jamieson Way
Viera, FL 32940-6601
3. Your appeal will be reviewed by a District Appeal Team, which will carefully evaluate all information provided. Parents/Guardians may not participate in the meeting; therefore, it is critical that the appeal form contains detailed information regarding why a student should be permitted to attend the requested school.
4. Only information submitted on or attached to the appeal form will be considered when making the final decision. Therefore, parents/guardians should not call the Open Enrollment – Parental Choice office to provide details regarding the appeal.
5. Parents/Guardians will be notified, via email, of the final decision within two (2) business days of the District Appeal Team's decision.
6. **The District Appeal Team's decision is final.**



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Open Enrollment Appeal Form

The purpose of completing this form is to appeal the decision of denial on the **2024-2025 Open Enrollment application** for your child. Appeals must be received no later than **June 10th, 2024, by 3:00 pm.**

Part I: (Select Your Application Type)

- School of Choice** (Edgewood, Freedom 7, Stevenson, South Lake, West Melbourne, or West Shore)
- Educational Program** (Career Academy, CTE, International Program, or Magnet School)
- Location Change** (Educational Location Change)

Part II: (Print Clearly)

Student's Last Name, First Name	Date of Birth	Student Number	2023-2024 Grade
Address	City	State	Zip Code
Parent/Guardian E-mail Address		Phone Number	

School Requested for 2023-2024	School	Educational Program (if applicable)
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Print Name of Parent/Guardian	Parent/Guardian Signature	Date
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Part III: (Attach additional paper/documentation as needed)

Please provide information/reason(s) to be considered for the appeal. Only information submitted on or attached to the Appeal Form will be considered. In cases of severe health problems or legal matters, a letter of explanation and statement by a licensed physician/judicial representative should be attached.

Official Use Only

Recommendation by the District Appeal Team:	<input type="checkbox"/> Approve	
Director Signature	<input type="checkbox"/> Deny _____ District Appeals Team Meeting Date	_____ Notification Date