

Signature Date

Governing Board Approval

Print Name Date

Signature Date

*Please note if you have more than 1 school location number please submit a form for each location. One form will not represent several locations.

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THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

SY 26-27 Mental Health Assistance Allocation Plan Intention

It is the intention of the City of Pembroke Pines Academic Village 6-12 Charter Schools – Location Number 06-5121 to submit our own Mental Health Assistance Allocation Plan and opt out of The School Board of Broward County, Florida’s Plan.

Charter School Administrator

Peter Bayer, Principal 4/15/26

Print Name

Peter Bayer 4/15/26

Signature

Date

Governing Board Approval

Charles F. Dodge, Superintendent 4/15/26

Print Name

Date

4/15/26

Signature

Date

OR

It is the intention of _____ Charter School – Location Number _____ to be included in the School Board of Broward County’s School District, Mental Health Assistance Allocation Plan.

Print Name Date

Charter School Administrator

Signature Date

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