



THE SCHOOL BOARD OF BROWARD COUNTY SY 25/26

Mental Health Assistance Allocation Plan
Opt In/Opt OutForm

Charter School Intention (Due 5/13/25)

XXOPTOUJ

It is the intention of **The City of Pembroke Pines Elementary (K-5)** Charter Schools, location number (MSID) **06-5051** to submit our own Mental Health Assistance Allocation Plan and

Charter School Administrator

Sean Chance, Principal

Print Name

Signature

Date

1/4/24
4/4/24

Date

Governing Board Approval

Angelo Castillo, Mayor

Print Name

Date

Signature

Date

Check **ONLY ONE** option below and fillout

OR

☐ **OPTIN**

It is the intention of _____ Charter School, location number (MSID) _____ **to OPT IN** to The School Board of Broward County's Mental Health Assistance Allocation Plan.

Charter School Administrator

Print Name

Date

Signature

Date

Governing Board Approval

Print Name

Date

Signature

Date

***Please note if you have more than 1 school location number (MSID), a separate form must be submitted for each location. One form will not represent several locations.**



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Check ONLY ONE option below and fill out

XX OPT OUT

It is the intention of The City of Pembroke Pines Middle (6-8) Charter School, location number (MSID) 06-5081 to submit our own Mental Health Assistance Allocation Plan and

Charter School Administrator

Michael Castellano, Principal

Print

Date

[Signature] 4/1/25
Signature Date

Governing Board Approval

Angelo Castillo, Mayor

Date

Date

OR

☐ **OPT IN**

It is the intention of _____ Charter School, location number (MSID) _____ to **OPT IN** to The School Board of Broward County's Mental Health Assistance Allocation Plan.

Charter School Administrator

Governing Board Approval

Print Name

Date

Signature

Date

Print Name

Date

Signature

Date

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Revised GO/SR 12/12/24



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Check **ONLY ONE** option below and fill out

XX OPT OUT

It is the intention of **The City of Pembroke Pines Academic Village 6-12** Charter School, location number (MSID) **06-5121** to submit our own Mental Health Assistance Allocation Plan and

Charter School Administrator

Governing Board Approval

Peter Bayer, Principal

Angelo Castillo, Mayor

Print

Date

Date

Signature

Date

Date

OR

☐ **OPT IN**

It is the intention of _____ Charter School, location number (MSID) _____ to **OPT IN** to The School Board of Broward County's Mental Health Assistance Allocation Plan.

Charter School Administrator

Governing Board Approval

Print Name

Date

Print Name

Date

Signature

Date

Signature

Date

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