



Charting The Course



Frank C. Ortis, Mayor
Jay D. Schwartz Vice Mayor
Charles F. Dodge, City Manager
Michael Castellano, Principal

Angelo Castillo, Commissioner
Iris A. Siple, Commissioner
Thomas Good, Commissioner

Empowering Students for the Possibilities of Tomorrow!

"Empowering students for the possibilities of tomorrow"

Dear Pembroke Pines Charter Families:

On behalf of the Pembroke Pines Charter Middle School West Campus, it is my pleasure to extend a warm and heartfelt welcome to you as we begin the 2019-2020 school year. To students and parents who are new to our school, we are especially excited to begin this new educational journey with you.

You are being provided a First Day Packet which contains pertinent information necessary for the effective operation of our school including several forms that require parent and/or student signatures. Please have your child return all forms that require a signature to his/her homeroom teacher by Thursday, August 15, 2019. The First Day packet contains a "Return to School" and "informational" section. The section is available on-line and can be accessed through our school's website at www.pinescharter.net under West Middle. Please click on the "First Day Packet-informational" link. If you are unable to access this information, you may pick up an informational packet from the school office. Please take the time to review all materials with your child.

The 2019-2020 Broward County Public Schools Code of Student Conduct Handbook is available to parents and students electronically at (www.browardschools.com/codeofconduct). Parents who do not have access to a computer will be afforded access through our school's administration office.

As we begin the new year, I will continue to work closely with our school community to foster an atmosphere where all children will achieve educational excellence and become productive citizens in a diverse and ever-changing society. I am committed to working collaboratively with you to continue developing and implementing this shared vision. We are very proud of our students and congratulate them for being among the top performing students in the district.

You can also follow us on Facebook at <http://tiny.cc/ppcswest>.

We look forward to having a great year.

Educationally yours,

Michael Castellano
Principal

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www.pinescharter.net



Pembroke Pines Charter School - West Campus (<http://tiny.cc/ppcswest>)

Pembroke Pines Charter Middle School
West Campus

18501 Pembroke Road • Pembroke Pines, FL 33029 • 954-443-4847 • 954-447-1691 (fax)



Revised 7/16/18

Purpose

The Pembroke Pines Charter School System is dedicated to providing its students with healthy meals each day. The purpose of this policy is to comply with the National School Lunch and School Breakfast Program's requirement, to clearly communicate the meal charge policies in place for all students, as well as to have a uniform meal charge policy throughout the Pembroke Pines Charter School System.

Policy

1. Payments and Account Balances

Payment for all meals are expected at or prior to the time of purchase. It is the responsibility of the parents to monitor their student's meal account balance and ensure that there are sufficient funds to pay for their student's meals. Meal balances can be obtained, for free, through the MyPaymentsPlus website (<https://mypaymentsplus.com/>), the MyPaymentsPlus mobile app, or at the Point of Service. Payment options for student meal accounts are listed below.

Payment Options

- Pay online with a debit or credit card by visiting <https://mypaymentsplus.com/> (there is a small service fee of 4.75% per payment)
- Pay through the MyPaymentsPlus mobile app with a debit or credit card (there is a small service fee of 4.75% per payment).
- Send in cash or a check with the student. A check should be made payable to Pembroke Pines Charter Schools.
- Come into the cafeteria and make a payment in the form of cash or check payable to Pembroke Pines Charter Schools.

If financial hardship exists, parents are encouraged to complete a Free and Reduced Price School Meals Family Application (F&R Application). There are two ways of applying. (1) Complete an online F&R Application by going to freeandreduced.pinescharter.net or (2) complete a paper F&R Application. If you are completing a paper F&R Application, you may stop by the charter school front office and request a copy or you can download it and print it from the PinesCharter.net website → Click on Families & Communities Header → Food Services → "download and print the F&R Application". Please note that the F&R Application may be completed at any time during the school year.

2. Negative Balances

One or more of the following actions will be taken should your account achieve a negative balance:

- A written notification indicating the low/negative balance will be given to the student every day to be taken home. The notification will be given to the student by the Chartwells staff at the point of service.
- An email notification will be sent from MyPaymentPlus indicating the negative balance. (You must have a MyPaymentsPlus account in order to receive this notification.)
- A robo-call pertaining to the negative balance will be made to each household which carries a negative account balance every day until the student's account is brought current (positive balance).
- A formal letter will be mailed to each household once a week until the negative balance is brought current (positive balance).
- A school administrative staff member will make a phone call to the respective household regarding the negative balance.
- The negative balance will be added to JupiterEd.

- A hold will be placed on the student's eligibility to participate in school events such as field trips, dances, graduation, etc., until the account is brought current (positive balance).
- An alternative reimbursable meal will be given to the student. The alternative meal will be a cheese sandwich meal, which meets the National School Lunch and School Breakfast Program's nutritional standard guidelines.
- Ultimately a limit will be placed in the point of service system that will not allow any charges.

3. A la Carte Items

Students must have a positive balance in their general account in order to be able to purchase any *a la carte* items; the balance must be sufficient enough to cover the purchase. Students with a balance of \$0 or below will only be allowed to purchase a reimbursable meal. A reimbursable meal is a meal, which meets the National School Lunch and School Breakfast Program's nutritional standard guidelines.

4. Refunds

One attempt will be made to refund positive meal account balances of students who withdraw or graduate from the Pembroke Pines Charter School System. After that attempt has been exhausted, it is the responsibility of the parent to request any refunds of such balance remaining in the account.

5. Additional Information

- 12th graders with a balance below \$0 will be withheld their cap and gown and will not be eligible to participate in the graduation ceremony until their account is brought current (positive balance).
- Students who withdraw during the school year with a negative account balance will not have their school records released to their new school until their account balance is brought current (positive balance).
- All negative balances are expected to be paid within the current school year.
- For continuing students: Any balance (positive or negative) remaining at the end of the current school year will be rolled over to the subsequent school year. All negative balances are rolled over to the subsequent school year, and the punitive actions outlined in section 2 of this policy, will commence on the first day of the subsequent school year.

If you have any questions regarding this policy, your student's meal account, or about completing a Free and Reduced Application, please call (954) 518-9030.

BY SIGNING BELOW, YOU ACKNOWLEDGE RECEIPT OF THE PEMBROKE PINES CHARTER SCHOOLS MEAL CHARGE POLICY AS LISTED ABOVE. YOU FURTHER ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTAND, AND ACCEPTED THE POLICY IN ITS ENTIRETY.

Parent/Guardian Signature

Date

Parent/Guardian Printed name

Student Name

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442; or

email: program.intake@usda.gov

This Institution is an equal opportunity provider.

DRESS CODE POLICY 2018-2019

The Pembroke Pines Charter Schools have a mandatory uniform dress code policy. We believe that students have the right to attend a safe and secure school where the focus is on academics. It is the intent of the school program that students be dressed and groomed in an appropriate manner that will not interfere with or distract from the school environment or disrupt the educational process. Clothing should follow the dress code in place for the Charter Schools.

1. All secondary students must wear one of the approved uniform outfits along with their ID which is to be visibly worn at all times. Students must replace IDs that are damaged.
2. Shirts (for students in grades K-8) must be tucked in at all times while on campus.
3. All clothing should fit properly and worn correctly. Revealing clothing or clothing that exposes the torso is not allowed. Denim leggings, jeggings are not allowed. Clothing that exposes the upper thigh including shorts that are rolled up/in are not allowed. Hemmed shorts that are not shorter than mid-thigh, including walking shorts, Bermuda shorts, and split skirts (culottes), are allowed.
4. If the uniform bottom has belt loops, a brown or black belt must be worn. Trousers and belts must be secured at the waist.
5. Jackets/sweatshirts may be worn to school, but must comply with the school colors (solid navy blue, maroon, gray, white). Also, undershirts must be navy blue, maroon, gray, black or white and must be solid with no markings or logos.
6. Sneakers or flat-heeled shoes with enclosed toes and backs are allowed. The following are examples of what is not allowed: backless style shoes, open toed shoes of any type, high platform shoes, or slippers, distracting or mismatched footwear or socks is not allowed.
7. All secondary students enrolled in Physical Education classes will be required to wear a PE uniform tee shirt with the school logo. This shirt will be available for purchase at Planet-T Uniforms.
8. Clothing, jewelry, buttons, haircuts, and other items or markings which are offensive, revealing, suggestive or indecent, associated with gangs or cults, use of drugs, alcohol or violence, or support discrimination on the basis of age, color, disability, ethnicity, gender, linguistic differences, national origin, race, religion, socioeconomic background or sexual orientation are NOT ALLOWED.
9. Any articles of jewelry or clothing that may cause injury, including, but not limited to, belts, collars or bracelets with spikes of any sort, heavy link chains, and wallet chains hanging off belt loops or side/back pockets are NOT ALLOWED.
10. Any hair style that interferes with the learning environment including unnatural hair coloring, e.g. green/orange/purple/red/blue, etc., are NOT ALLOWED.
11. This dress code policy allows reasonable accommodations based on a student's religion, disability, or medical condition.



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Pembroke Pines Charter Middle School

"Empowering students for the possibilities of tomorrow"

On-Line Acknowledgement Form 2019-2020

Pembroke Pines Charter Middle School West Campus is committed to contributing to a healthy environment.

In our efforts to "Go Green", we have consolidated all forms that are required by the school in a convenient packet located on the right side of the First Day Packet folder. This packet and all of the pages enclosed must be returned to the school by **Thursday, August 15, 2019**. For your convenience this packet is provided on-line at:

Pinescharter.net – west campus – MS First Day Packet 19-20
(School Documents to Return to School)

Informational notices normally included in this packet are also on-line for your review. Please read through and return to your child's homeroom teacher as they provide useful information about our school.

Pinescharter.net – west campus – MS First Day Packet 19-20
(Informational Documents)

- Dress Code
- Payment Agreement
- School Policies
- Authorization For Medication (Return if Applicable)
- Authorization For Treatment (Return if Applicable)

Please sign and return this form to your child's Homeroom teacher by **Thursday, August 15, 2019**.

☐ *I have accessed and reviewed the informational notices.*

Parent Signature

Student Signature

Parent Printed Name

Student Printed Name

Date _____

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Purpose Statement
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Service Hours Policy for 2019-2020

1. All volunteers are to fill out and submit a Service Hours Application form. On the form, parents must list all children who attend our charter school system.
2. Each family must complete 30 or more hours per school year.
3. Service hours obtained from all campuses may be combined (Central, East, West, FSU and Academic Village).
4. Attending informational meetings / functions such as PTA / PTSA, Advisory Board and Open House, count towards service hours, however, recreational functions including, but not limited to, sports events, school plays / performances, and Awards Ceremony do not constitute as time that may be utilized towards service hours; unless otherwise specified by school.
5. All visitors must sign in at the front office to receive a visitor's badge before going to the classroom.
6. All visitors during the school day must wear their visitor's badges at all times while at the school or with the students. All volunteers are required to dress in attire that is consistent with the dress code.
7. Volunteers must keep a record of their hours and should turn them in every two (2) weeks to their child's teacher for verification.
8. During the 2nd and 3rd grading periods, all service hours will be tabulated and parents will be notified of the hours they have accumulated.
9. A new duplicate form should be filled out for every service activity attended. Please keep the yellow copy for your records. The white copy must be turned in to the office.
10. Any hardship related deviation from this policy must be put in writing fully explaining the extenuating circumstances for such request and submitted to the principal.
11. Service hours may only be performed by parents, grandparents, foster parents, adoptive parents, and legal guardians at the discretion and review of the principals.
12. Pursuant to Chapter 2004-81, Florida Laws (2004), all volunteers at the school shall be subject to a limited background check. Principals have the sole discretion and authority to refuse an individual to perform volunteer hours at the school as a result of this required background check.
13. **All service hours must be fulfilled prior to May 24, 2020 unless prior arrangements have been approved by administration.** Your signature below indicates that you understand that if you do not fulfill the required hours, your child will not be allowed to enroll in the Pembroke Pines Charter Schools the ensuing school year.

☐ Yes, I have read this and agree to abide by this policy.

2019-2020

Student's Name

Teacher/Grade

Parent/Guardian Signature

Date

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Pembroke Pines Charter Middle School



Guide to Proactive Discipline 2019 – 2020

Be Respectful

Be Responsible

Keep Hands and Feet to Self

Follow Directions

Be Safe

Pembroke Pines Charter Schools follows the “Broward County Public School Code of Student Conduct” and this document directly aligns with their policy.

I have read the “Guide to Proactive Discipline” at Pembroke Pines Charter Middle School which includes “Rights and Responsibilities” and “Rules and Consequences.” Study and review this document with your child. Knowing and being aware of these rules are very important and will affect your child throughout the year. We are confident that with your support our students will enjoy a learning environment where increased academic achievement will take place. When you review and reinforce these concepts at home, you are doing your part to increase your child’s overall success.

Student: _____ Grade: _____

Student Signature: _____

Parent/Guardian: _____


Parent/Guardian Signature: _____

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2019-2020

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA Health Screening Opt-Out Form

The School Health Services Program provides health screening to public school students in KG, 1st, 3rd, and 6th Grades, as mandated in Florida Statue 381.0056(7) (d). The screenings include vision, hearing, height and weight (BMI), and Scoliosis. They are offered in an effort to decrease health barriers to learning and may be performed individually or in groups. Parents or guardians have the right to opt their child out of the screenings.

If you **DO NOT** want your child to receive one or more of the screenings, please check the appropriate box below and return this form to your **child's school** **WITHIN 10 DAYS FROM THE FIRST DAY OF SCHOOL:**

Parent's Name: _____ Parent's Signature _____

Student's Name: _____ Gender _____ Grade _____

School: _____

DO NOT SCREEN:

- ☐ Vision (Grades KG, 1st, 3rd, 6th)
- ☐ Hearing (Grades KG, 1st, 6th)
- ☐ Height and Weight (BMI) (Grades 1st, 3rd, 6th)
- ☐ Scoliosis (Grades 6th)

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Student Emergency Contact Card

This form shall be updated every year

<i>For Office Use Only:</i>	<input type="checkbox"/> Medical
<i>School #:</i>	<input type="checkbox"/> Court Order
<i>Student #:</i>	<input type="checkbox"/> Special Needs
<i>Date Enrolled:</i>	<input type="checkbox"/> Other

In the case of an emergency, it is imperative that the school be able to reach the student's parent (as defined below). Please fill in the information on both sides of this card carefully and accurately. Please use ink and print clearly. The names of both parents of a student (as defined in the Section 1000.21(5), Florida Statutes), the registering parent and the non-registering parent, of a student shall be listed on the emergency contact card as persons authorized to pick up the child from school except where a court order has revoked the parental rights and a certified copy of such court order has been provided to the school office. Both parents shall designate on the Emergency Contact Card those persons authorized to pick up their child from school. No parent shall delete or in any way alter the names provided by the other parent on the Emergency Contact Card.

Grade:	Student Information	Last Name:	First:	Middle:	
		Teacher (elementary school only):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Level:	
Home Address:		City, State, Zip:	Home Phone:		
Mailing Address (if different from above):		City, State, Zip:	Student Cell Phone:		
Date of Birth: / /		Student lives with:	Student Email:		
Check any that apply to student residence: <input type="checkbox"/> Medical <input type="checkbox"/> Court Order <input type="checkbox"/> Special needs <input type="checkbox"/> Other		Has student changed address since last registration? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a court order on file that prevents a parent from having contact with the student? <input type="checkbox"/> No <input type="checkbox"/> Yes, contact school		
Student Identification Number:	Registering Parent	Last Name:	First:	Cell Phone:	
		Home Address (if different from student):	City, State, Zip:	Home Phone:	
		Employer:	Work Phone:	Parent email:	
	Other Parent	Last Name:	First:	Cell Phone:	
		Home Address (if different from student):	City, State, Zip:	Home Phone:	
		Employer:	Work Phone:	Parent email:	
	Student:	Authorized Release/Contact	Please list the names of persons to whom we may release your child or whom we may contact if we cannot reach you. NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PERSONS LISTED BELOW. In selecting someone to whom you authorize the release of your child, consider whether this person is prepared to handle any special medical needs required by your child. I/We hereby authorize contact with, release of emergency related information, or release of the student to the following persons in the event of illness, evacuation, or other emergency that may occur while the student is in school.		
			Name:	Relationship:	Phone:
I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.					
Non-Registering Parent Authorized Release/Contact		This section may be completed only by the non-registering parent in order to designate additional persons who may pick up the student. The registering parent may not alter this section of this card. The non-registering parent may not alter any other portion of this card.			
		Name:	Relationship:	Phone:	
I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.					
Signature: _____ Date: _____ Relationship: _____					

The personal information you provide on this form will be kept confidential [in a protected area] and only used and disclosed by school staff on a need-to-know basis.

Broward County Public Schools Student Emergency Contact Card

Student Last Name: _____		First: _____		Middle: _____	
Medication Information	Does your child take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		If your child requires medication at school, all medication sent to the school must be in the original prescription container with a current date and the child's name. Also, a "Medication/Treatment Authorization" form, must be completed and signed by the physician and the parent and must be on file at the school.		
	Medication: _____		Dosage: _____		Hour(s) Given: _____
Health Insurance and Providers	Please check appropriate box: <input type="checkbox"/> Family Health Insurance <input type="checkbox"/> Florida Kid Care <input type="checkbox"/> Florida Healthy Kids <input type="checkbox"/> None				
	If NONE, do we have your permission to forward the parent's name and phone number to Florida Kid Care Insurance for health insurance screening to see if you may be eligible for health insurance coverage? If Yes, please sign here: _____				
	Physician: _____				Phone: _____
	Dentist: _____				Phone: _____
Health Plan/Group name: _____					Phone: _____
Medical Information	Medical Conditions		Please check all that apply:		
	<input type="checkbox"/> Asthma. If checked, uses inhaler?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On daily medication		
	<input type="checkbox"/> Seizures. If checked, on medication?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Diabetes. If checked, insulin dependent?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Movement limitations (specify): _____				
	<input type="checkbox"/> Recent illness/hospitalization/surgery (describe): _____				
	<input type="checkbox"/> Severe Allergies. If checked, specify Type: <input type="checkbox"/> Food/environmental: <input type="checkbox"/> Insect stings/bites: <input type="checkbox"/> Medicines/Drugs:		Allergies require: <input type="checkbox"/> EpiPen <input type="checkbox"/> Benadryl <input type="checkbox"/> Other: _____		
Does your child wear glasses/contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your child wear hearing aid(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Release of Medical Information and Emergency Treatment	I hereby authorize for my child's medical information, parental contact information, and other health information (collected from health services provided at school, including information stored electronically) to be shared with emergency personnel and health department officials to address conditions of public health importance, including information to meet and to prepare for potential or confirmed health conditions. For students receiving health services from school or District staff and/or contracted partners, I also authorize the District to share my child's identifiable health information and related demographics with the Florida Department of Health to conduct monitorings to assure program compliance by the District and schools, and assess the delivery of services.				
	Parent Signature: _____		Date: _____		
	Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permissible by the Family Educational Rights and Privacy Act (FERPA). The school will call for emergency medical care as deemed necessary. Emergency transportation to a health care facility, as determined by paramedics, will be authorized.				
Dismissal Information	Regular Dismissals Procedures. On a typical day, how will your child leave school?				
	<input type="checkbox"/> Ride in Car <input type="checkbox"/> Ride School Bus <input type="checkbox"/> Ride Public Transportation <input type="checkbox"/> Attend ON-site after-care program <input type="checkbox"/> Attend OFF-site after-care program <input type="checkbox"/> Walk or Bike ride home				
	Emergency Dismissals Procedures. In the event of a severe storm or other unscheduled emergency your child is instructed to:				
<input type="checkbox"/> Walk home <input type="checkbox"/> Ride School Bus as usual <input type="checkbox"/> Ride Public Transportation <input type="checkbox"/> Ride home with parent only <input type="checkbox"/> Ride home with person indicated on authorized contact list					
Siblings and Home Language	Last Name: _____		First Name: _____		Grade level: _____
Please list any other languages spoken at home: _____					
Survey Questions	Please assist us in understanding the needs of our school community by answering the following questions. Please check all that apply:				
	Does your child have access to a computer in your home?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have home internet access?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does your child have access to the internet on your home computer?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have internet access outside your home?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate the method of contact you prefer: <input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email					