



**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**

**SY 21 Mental Health Assistance Allocation Plan Intention**

**It is the intention of the City of Pembroke Pines Charter Elementary Schools– Location Number 06-5051 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 Signature:**

  
\_\_\_\_\_

**Governing Board Approval Signature and 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.**

**Charter School Administrator Signature:**

\_\_\_\_\_

**Governing Board Approval Signature and Date:**

\_\_\_\_\_



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

SY 21 Mental Health Assistance Allocation Plan Intention

It is the intention of The City of Pembroke Pines Charter Middle Schools, Location Number 06-5081 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 Signature:

Governing Board Approval Signature and Date:

*Julia Malone*

\_\_\_\_\_

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.

Charter School Administrator Signature:

Governing Board Approval Signature and Date:

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THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

SY 21 Mental Health Assistance Allocation Plan Intention

It is the intention of the City of Pembroke Pines Academic Village 6-12 Charter School – 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 Signature:

  
\_\_\_\_\_

Governing Board Approval Signature and 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.

Charter School Administrator Signature:

\_\_\_\_\_

Governing Board Approval Signature and Date:

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