

Pinellas Secondary School Safe School Agreement

Pinellas Secondary School is a "Safety Zone." In order to ensure the care, welfare, safety and security of the learning environment searches of students and nay items they bring to school may be performed pursuant to law.

I, _____ (student) _____ (parent)

Hereby provide consent for the random search by an administrator and or designee at Pinellas Secondary Middle/High School of me/my child to school including but not limited to bags, automobiles, clothing as well as lockers, desks and other school-based locations. I further authorize the person conducting the search to seize any item that:

- 1) is illegal
- 2) violates a school rule
- 3) Is evidence of a crime
- 4) Is evidence of a violation of school rules

My signature, on this form is not the result of fraud, duress, fear or intimidation

NOTE: Students may not carry on their person any medications, wither prescription or over the counter drugs, while on these campus except as allowed by law if a student needs to take medication during the day the parent must complete a blue card for prescription drugs or an orange card for over the counter drugs. The orange card must be signed by a physician before the medication can be administered. The parent should call the school, notify them that the student is bringing medication to school and the student must turn the medication over the office upon arrival except as allowed by law. If any medications, including over the counter drugs are found on a student, the student may be subject to a second reassignment.

Student Name Printed

Student Signature

Parent/Guardian Name Printed

Parent/Guardian Signature

Date _____

By Florida State Statute 1006.07(1) (b) a parent must disclose at the time of registration, all of a student's prior expulsions from public school arrests resulting in a charge and juvenile justice actions. Please provide that information if applicable in the following space

If your child has been assigned to a juvenile justice case worker, please provide that information

Name _____ Phone Number _____

Darren W. Hammond
Principal

Principal