



# Silver Trail Middle School

**Steve Frazier, Principal**

18300 Sheridan St. Pembroke Pines, FL 33331

Tel. (754) 323-4300 Fax (754) 323-4385

Date: October 19,2020

Dear Parents/ Guardians:

Please read, sign, & email the letter below.

Thank you.

Sincerely,

Michelle Smith ([michelle.smith@browardschools.com](mailto:michelle.smith@browardschools.com))

I hereby grant my son/ daughter: \_\_\_\_\_ / \_\_\_\_\_

(PRINT CHILD'S FIRST AND LAST NAME) / (GRADE)

permission to participate in **Silver Trail Middle School's Mustang Book Club**. The Book Club meetings will be held through Microsoft Teams in order to include students participating in remote learning and students who have returned to the STMS building. Meetings will take place on the second and third Tuesdays of each month that school is in session, from 8:15a.m. to 9:00a.m. Please ensure that the pass that will be given to students who have returned to the building, once permission forms are emailed, is displayed when entering the Sheridan Street gate and your child is dropped off to arrive at the meeting by 8:15 am.

Also, I am fully aware that Silver Trail Middle School cannot provide transportation or insurance coverage for my child. However, Healthy Kids Insurance is available from the State of Florida, [www.healthykids.org](http://www.healthykids.org) - 1-888-540-5437. Year-round open enrollment, no waiting.

**Parents, please INITIAL each individual line below, sign and email this form to Mrs. Smith ([michelle.smith@browardschools.com](mailto:michelle.smith@browardschools.com)) before the first meeting on Tuesday, November 10<sup>th</sup> 2020.** Students need this sheet **INITIALED, SIGNED and EMAILED** in order to attend the meetings. Once the permission form is emailed, students will be added to the STMS Book Club Team that will appear on their Microsoft Teams Dashboard.

Please **INITIAL (not check)** below in front of **EACH** statement:

\_\_\_ I will provide transportation for my child so that they arrive on time for the meeting if attending at STMS or encourage them to log in on time if attending remotely.

\_\_\_ My child is currently covered either under my insurance or under another insurance policy.

**(Name of company: \_\_\_\_\_)**

\_\_\_ I understand that the school/School Board cannot be held liable for any injury liability that might occur.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cell Phone Number

*Mustang Strong! Mustang Proud!*