



Dear Manatee County Resident:

Hurricane Season begins June 1 and runs through the end of November. You will need to evacuate your home from a pending hurricane, if you are medically power dependent, live in an evacuation zone, or in a mobile / manufactured home. You may wish to leave the area well in advance of a pending hurricane. Residents are encouraged to use public sheltering only if no other options exist. Options may include staying with a friend, relative or at a hotel that is not in an evacuation zone. It is important to realize that shelter life is very basic and can be a difficult. Remember, using these shelters should be your last resort.

If you should need evacuation transportation or will require sheltering assistance, pre-registering will help expedite the process. The enclosed form is required to register for sheltering and/or transportation to a General Population Shelter, Special Needs Shelter, Hospital or Nursing Home. Annual registration is required. Each year you will receive a form (approximately 60 days prior to your birthday). You must update and return this form to maintain your registration. Please complete and return the enclosed form to: Manatee County Emergency Management, PO Box 1000, Bradenton, Florida 34206-1000

Transportation and shelter types vary according to medical need. During an actual evacuation, the Special Needs Operators will call to confirm your current medical and transportation information. General population shelters, managed by American Red Cross, are located in appropriately hardened Manatee County Schools. Contact your local American Red Cross at 792-8686 for information on shelters. The Special Needs Medical Committee will evaluate your application to determine if you need to go to the Special Needs Shelter or a General Population Shelter. Be sure your caregiver is with you at the shelter. Please be aware that if you mark "ambulance" as your transportation source on the enclosed form, you will be transported **ONLY** to a hospital or nursing home. You need to check with those facilities to see if you will be charged for their medical services.

The attached checklist will assist you in your evacuation preparation. If you require a special diet, you will need to bring nonperishable stable foods to any shelter, including the Special Needs Shelter. As a last resort only, dogs and cats will be allowed in the designated pet area of the Special Needs Shelter. Please call 749-3500 x 1667 to register your pet or if you have any questions. For specific medical questions, please call (941)748-0747 X 1297 or X 1450.

Sincerely,

Laurie Feagans, Chief
Emergency Management

Preparing For the Storm

Advance planning and execution is the key to proper hurricane preparation for personal and property protection. The following information is to be used during the two or three days before the expected arrival of the storm.

1. Install shutters or precut covers on all windows to protect from wind driven debris.
2. Unplug and secure high-value electronics equipment. When lowering a television antenna, be very careful and do not touch power lines due to the risk of electrocution.
3. Fill your vehicle's fuel tank as soon as possible to avoid long lines at the gas station. Gasoline may not be available for days or weeks after the hurricane strikes. Gasoline pumps do not work when electricity is out.
4. Stay tuned to radio and television for the latest alert, warning and advisories.
5. If your house has a pool, ensure that it is prepared for the storm. Lower the water level to accommodate heavy rains, but do not drain completely. Add extra chlorine to the pool and turn off electrical power to pool equipment.
6. Store water in bathtubs, barrels, jugs, and other containers. Use this water for bathing and sanitary purposes, **DO NOT USE THIS WATER FOR DRINKING.**
7. Ensure your hurricane survival kit is packed and ready to go at a moments notice.
8. Ensure that your pets have current vaccinations and you have this paper work . It will be required when you check your pet into a pet friendly hotel/motel, kennel or veterinarian office.

HURRICANE EVACUATION CHECKLISTS

It is recommended for families to have as **A MINIMUM 5 DAYS WORTH OF SUPPLIES** in your hurricane survival kit, as well as other items for use at a shelter and/or upon return to your home. These are recommended steps

STEP 1: Ensure your vehicle has a full tank of gasoline. Check tire pressure and inspect fluid levels.

STEP 2: Obtain cash rolls of quarters and small bills for use in vending machines. Remember that most vendors will not accept checks or credit cards after a hurricane.

STEP 3: Pack non-perishable food and water:

- a. Items that require no cooking.
- b. Are ready-to-eat.
- c. Include a can opener and plastic or disposable utensils.
- d. Include toiletries and enough personal hygiene supplies for two weeks.

STEP 4: Pack important documents and papers:

- a. Birth/Marriage Certificates.
- b. Passports/Visas.
- c. Wills and Power Of Attorney.
- d. Computer Disks with valuable information and/or System Disks.
- e. Video tape of household goods and of the interior/exterior of the house.
- f. Pet vaccination documentation
- g. Personal phone/address book
- h. Medications

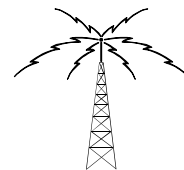
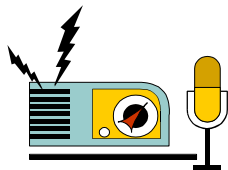
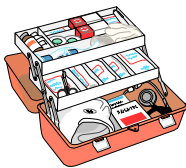
STEP 5: Pack Clothing, Bedding, and Bathing Supplies:

- a. Pants, Shirts, Underwear, Socks, Etc.
- b. Pillows, Sheets and Blankets.
- c. Towels and Face cloths.

STEP 6: Inspect the house for loose external items:

- a. Trash Cans and Receptacles.
- b. Lawn and Patio Tables/Chairs.
- c. Toys (Swing Sets, Riding Toys, Etc.).
- d. Secure Television Antenna or Satellite Dish.
- e. Unplug Appliances (Televisions, Stereos, Computers, Etc.).
- f. Turn Off Gas and Electricity to The House.

STEP 7: Check your pet into a pet friendly hotel/motel, kennel or veterinarian office.



SPECIAL NEEDS PROGRAM

The Special Needs Program is designed to provide hurricane evacuation assistance to individuals who have no other alternative for transportation or shelter from the storm..

If a hurricane threatens Manatee County and you are pre-registered as a eligible Special Needs Client, a representative will call you to confirm your transportation need. The County will attempt to provide transportation to a emergency public shelter only. Manatee County has very limited resources and when possible you should make your own transportation and sheltering arrangements.

The following information is provided to explain Special Needs eligibility requirements. If you feel you are eligible, contact Manatee County Emergency Management for a Special Needs Application complete, it and mail to the Emergency Management Office.

Group evacuation of a nursing home, adult living facility and other similar facilities, is the sole responsibility of the facilities management. Non-emergency transportation is your responsibility.

SPECIAL NEEDS ELIGIBILITY

Any Manatee County resident whose physical condition, based on triage criteria requires special care but does not require an acute care setting, and who fits into any of the following categories, regardless of age is eligible.

1. Unable to administer their own frequently required or daily injectable medications
2. Requires frequent or daily dressing changes due to moderate to copious drainage, such as ulcers, fistulas, etc.
3. Needs assistance with ostomy management and indwelling catheters such as N/G Tubes, colostomy bags, etc.
4. Requires frequent assessment of potentially unstable medical condition by medical personnel.
5. Cardiac or respiratory conditions which require special medical equipment such as monitors oxygen, IPPB machines, etc.
6. Terminal Illness, non-bedridden, in need of professional assistance in administering heavy doses of pain medication.
7. All others deemed necessary by triage team.

SPECIAL NEEDS INELIGIBILITY

Those whose conditions do not warrant admittance to the Assisted Care Shelter.

1. Needs haematolysis procedures more than two (2) times per week. Individuals receiving such procedures should inquire at their haematolysis facility regarding their emergency policy.
2. High-risk pregnancy within four (4) weeks of estimated date of delivery or in active labor. Those with normal pregnancy should get instructions from their obstetricians.
3. Is in acute medical or emergency condition..
4. Has a known or suspected infectious/contagious disease
5. Any bedridden patient.

EVACUATION CHECKLIST FOR SPECIAL NEEDS EVACUEES

Listed below are actions you should take **BEFORE** evacuation. You and your caregiver **MUST** be ready before your county evacuation transportation vehicle arrives. Special Needs evacuations need to be completed prior to road congestion. Even if the sun is shining, the storm is on its way! Please remember you are one of over 1200 registered citizens who will need our assistance. Manatee County Emergency Management will call to give you an estimated time of your transportation pick-up.

HERE ARE SOME THINGS YOU SHOULD DO BEFORE YOU ARE PICKED UP:

DO NOW:

1. **Make plans for your pets to be taken care of by your veterinarian, family or friend.** As a last resort only dogs and cats will be allowed in the designated pet area of the Special Needs Shelter.

WHEN EVACUATING:

2. **Pack a bag and be ready to go with:**

Medications for 3 weeks, list of medications, & name of doctor(s)

Medical orders including "Do Not Resuscitate" order, if applicable

Your walker, wheel chair and other medical equipment

Oxygen Concentrator (if on oxygen), bring all equipment. Emergency oxygen will be provided only at the Special Needs Shelter

Clean clothes for three days

Extra eye glasses

Blankets and pillows

Personal hygiene items

House keys and car keys

Personal phone book or list of important numbers

Important papers, including identification, sealed in zip-lock bags

Folding chair, lawn chair or cot

Reading material

Non-perishable snack items while shelters become fully operational

Non-perishable food items if you require a special diet

3. **Call caretaker and family members including those out of state, to inform them of your evacuation plans.**
4. **It is important to turn off electricity, water and gas if possible.**
5. **Please have all pets evacuated before your evacuation transportation arrives. If necessary the emergency workers will try to assist you with your pets.**

WHEN STORM IS APPROACHING:

6. **Take care of all medical needs such as dialysis when you hear a storm is approaching.**

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL MANATEE COUNTY
EMERGENCY MANAGEMENT (941)749-3500 X 1667**

MANATEE COUNTY EMERGENCY MANAGEMENT

SPECIAL NEEDS PROGRAM QUESTIONNAIRE

Emergency Management is mandated by Florida Statutes to maintain a voluntary registry of persons who will need assistance during emergency evacuations. Records relating to registration of disabled citizens are exempt from the Provisions of F.S. 119.07(1), Public Records Law

Please complete this form to register for the Special Needs Program and mail to:
Manatee County Emergency Management, P.O. Box 1000, Bradenton, FL 34206-1000 Phone: 941-749-3500 x 1667

Transportation Registration

Last Name: _____ **First :** _____ **MI:** _____ **Nick Name:** _____ **Phone: (941)** _____

Date of Birth / / **Age:** _____ **SSN: XXX - XX- _____** **Height** ___ ft. ___ in. **Weight:** _____

Address: _____ **City:** _____ **Zip:** _____

1. Private Home Manufactured Housing Apartment/Condo
 HUD Housing Assisted Living Facility Independent Living Facility/Group Home Nursing Home
 Hotel Other: _____

Complex Name: _____

2. Own Rent 3. **Primary Language** English Spanish Other _

4. Live Alone Yes No If No, with whom do you live?: _____

5. Do you have access to a generator? Yes No Do you have access to generator fuel? Yes No

Do you know how to safely operate and refuel the generator? Yes No

TRANSPORTATION WILL ONLY BE PROVIDED TO A GENERAL POPULATION SHELTER, A SPECIAL NEEDS SHELTER OR A HOSPITAL/NURSING HOME. PLEASE BE AWARE THAT IF YOU CHOOSE AN AMBULANCE AS YOUR TRANSPORTATION SOURCE, YOU WILL BE TRANSPORTED ONLY TO A HOSPITAL OR NURSING HOME.
 Own Transportation Bus/Handi-Bus Ambulance is Required

Special Needs Shelter Application

- 1) DOGS & CATs ARE ALLOWED AT THE SpNS.....PRIOR ARRANGEMENTS MUST BE MADE.
- 2) SPECIAL DIETS ARE NOT PROVIDED.BRING YOUR OWN SPECIAL DIET FOOD
- 3) LIMITED NUMBERS OF ARMY COTS ARE AVAILABLE.
- 4) ARE YOU ABLE TO GET UP AND DOWN FROM A COT? Yes _____ or No _____

Bring a Care Giver - Last Name: _____ First Name: _____ Phone: _____

Total Number of People Sheltering with You (Include yourself) _____

| | | | | | |
|-------------------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|
| Are you confined to a bed | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Use a Wheel Chair | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Use a Cane or Walker | <input type="checkbox"/> YES | <input type="checkbox"/> NO | On electrical life support | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| C-PAP | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Apnea Monitor | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Require Oxygen Liters/Min. _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have an Oxygen Regulator | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have an Oxygen Concentrator | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have a portable Oxygen Tank | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| On a Respirator | <input type="checkbox"/> YES | <input type="checkbox"/> NO | On a Ventilator | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Oxygen concentrators must be brought to the Special Needs Shelter!!! Assistance Will be Provided.

| | | | | | |
|--|------------------------------|-----------------------------|------------------------------------|------------------------------|-----------------------------|
| Require a Nebulizer | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Receiving I.V. Infusion | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Require Dialysis ? _____ x per Wk. | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have/Require Dressing Changes | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Dialysis Type <input type="checkbox"/> Peritoneal <input type="checkbox"/> Hemodialysis | | | NG tubes/ colostomy | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Immune Suppression | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Central Venous Line | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Indwelling Catheter | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Tube Feeding | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have a Tracheostomy | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Suction Equipment | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Incontinent | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Medication Requiring Refrigeration | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do Not Resuscitate (DNR) Status | <input type="checkbox"/> YES | <input type="checkbox"/> NO | DNR Attached | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Alzheimer's disease | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Dementia | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Attention deficit hyper. disorder | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Obsessive compulsive disorder | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Autism | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Conduct disorder | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Anxiety | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Depression | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Legally Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Mute | | | Assistive Device | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Do you have a **service** animal? YES NO If yes, Type of animal: _____ Type Service: _____

I authorize emergency response personnel to enter my home for search and rescue operations YES NO

Signature of the Person Requesting Assistance and/or Sheltering _____

Date: _____

DISCHARGE PLANNING INFORMATION

In the event that your home is damaged and you are not able to return home, this information will be used to assist the Department of Elder Affairs in finding a place for you to stay.

Last Name: _____ **First Name:** _____ **MI:** _____

Date of Birth: ___ / ___ / ___ **Age:** ___ yrs. **Social Security Number:** XXXX—XX— _____

Insurance Information and ID Number(s)

| | |
|--|---|
| <input type="checkbox"/> Medicare: | <input type="checkbox"/> Medicaid: |
| <input type="checkbox"/> Champus: | <input type="checkbox"/> Private Insurance: |
| <input type="checkbox"/> TriCare for Life: | <input type="checkbox"/> Other: |

Veteran Yes No

1. If someone calls to inquire if you are in this shelter, do we have permission to tell them you are here? Yes No

2. Do we have permission to tell them where you have relocated once you leave the shelter? Yes No

Signature: _____

Date: _____

POST EVENT PLANNING

1. If you can't return home when the shelter closes, do you have an alternative plan for housing? Yes No

2. If yes, where will you go?

Contact information for relocation site: Name: _____ Phone: () _____

Street Address: _____ City: _____ State: _____

3. Do you have transportation? Yes No If yes, describe: _____

4. Do you receive services from a Physician or Outside Agency? YES NO

If Yes, **Primary Physician:** Yes No **Physician Name:** _____

Contact: _____ Phone: () _____

If Yes, **Hospice:** Yes No **Agency Name:** _____

Contact: _____ Phone: () _____

If yes, **Home Health:** Yes No **Agency Name:** _____

Contact: _____ Phone: () _____

If yes, **Nurse Registry:** Yes No **Agency Name:** _____

Contact: _____ Phone: () _____

If yes, **Oxygen Provider:** Yes No **Agency Name:** _____

Contact: _____ Phone: () _____

If yes, **Medical Equipment Provider:** Yes No **Agency Name:** _____

Contact: _____ Phone: () _____

If yes, **Dialysis Provider:** Yes No **Agency Name:** _____

Contact: _____ Phone: () _____

If Yes, **Pharmacy:** Yes No **Pharmacy Name:** _____

Contact: _____ Phone: () _____

5. **Local Emergency Contact:** _____ **Phone:** () _____

Relationship: _____

Address: _____ City: _____ State _____

6. **Non-Local Emergency Contact:** _____ **Phone:** () _____

Relationship: _____

Address: _____ City: _____ State _____

7. Do you have a pet? YES NO **Type & Number** Dog(s) # _____ Cat(s) # _____

Other Type _____

Veterinarian Name: _____ Phone: () _____

Address: _____ City: _____ State _____

8. **E-mail Address:** YES NO **If Yes:** _____

MEDICAL PROFILE

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____ / ____ / ____ Age: ____ Social Security Number: XXXX - XX - _____

List All Allergies: _____

List All Medical Conditions

| | |
|----|-----|
| 1) | 9) |
| 2) | 10) |
| 3) | 11) |
| 4) | 12) |
| 5) | 13) |
| 6) | 14) |
| 7) | 15) |
| 8) | 16) |

List All Medications (Attach additional page if necessary)

| Drug | Dose | Frequency | Route of Administration |
|------|------|-----------|-------------------------|
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Signature of Person / Agency Completing Form

Date

FOR OFFICIAL USE ONLY

Pre-Registered

FOR OFFICIAL USE ONLY



WHY PET OWNERS MUST PLAN

The only way to reduce the devastation of a hurricane is to be prepared - including preparation for your pets. Forty-three percent of U.S. households have pets. Florida has over 80% of its population within 10 miles of the coast. There is no geographical point in Florida that is more than 60 miles from saltwater. Any disaster that threatens humans, threatens animals as well.

Making arrangements for your pets is part of your household disaster planning. If you must evacuate your home, plan for your pet too. For health and space reasons, pets will not be allowed in public emergency shelters.

BEFORE THE DISASTER

Plan now; identify your evacuation level to determine if and when you would have to evacuate. If you are located in a storm surge flood plain, the decision to evacuate will depend upon the category of the storm. Always prepare for one category higher than the one being forecast as a hurricane often increases in strength just before making landfall. All mobile home residents must evacuate, regardless of location.

Make sure your pets have current immunizations and take these records with you if you need to evacuate. If you plan to go to a motel, determine in advance whether pets are welcome and what special rules may apply. See if your veterinarian will accept your pet for boarding in an emergency.

Develop a pet survival kit:

- ☺ proper ID collar and rabies license tag
- ☺ carrier or cage
- ☺ water and food bowls
- ☺ medications
- ☺ food supply to last about two weeks
- ☺ newspapers/plastic bags for waste disposal
- ☺ toys and comfort items
- ☺ muzzles, if necessary
- ☺ manual can opener
- ☺ proper ID on all belongings

All pets should have secure carriers, or collapsible cages. Carriers should be large enough for the pets to stand comfortably and turn around. Familiarize your pets with the carrier ahead of time. The carrier will be a secure and comforting refuge if the animal is required to live in it for days or weeks after the storm.

IF YOU MUST EVACUATE

Leave early. An unnecessary trip is far better than waiting too long to leave safely.

Long distance evacuation is not recommended as roads will be crowded. Friends or relatives in a safe area are the best choice. If they are unable to house both you and your pet, try to arrange shelter for your pet at a veterinarian or kennel close to your evacuation destination.

If you plan to shelter your pets at a kennel or clinic, call before evacuating to determine if space is available. Allow sufficient time to travel from the kennel to your evacuation destination after making certain that your animals are secure.

Throughout the evacuation and the storm, your pets will need reassurance from you. Remain calm, keep as close to their normal routine as possible, and speak to them regularly in a calm, reassuring voice.

DON'T WAIT

Arrange for a safe place to stay with your pets. Remember to develop a plan now. Review your family plan and restock your family disaster supplies too!

Do not leave your pet in your home or tied outside your home while you leave for a shelter. Do not leave your pets in vehicles while you are housed in a shelter.

Pet sheltering requirements and rules are important during disaster situations. Your cooperation in making a pet friendly shelter environment enjoyable is appreciated.

Pet(s) must arrive with a carrier or cage. Cages will not be available on site.

Pet(s) must remain in carrier (except at scheduled exercise times).

Owners must provide pet food and other pet supplies as needed.

Owners must provide certification that pet(s) are current with rabies vaccination.

Owners will not permit other shelter occupants to handle or approach pet(s).

Owners are responsible for the care, feeding and handling of their own pet(s).

Pet survival kit for Pet Friendly Shelters:

- Proper ID collar and rabies license tag
- Carrier or cage
- Water and food bowls
- Medications
- Food supply to last about two weeks
- Special care instructions
- Newspapers/plastic bags for waste disposal
- Toys and comfort items
- Muzzles, if necessary
- First aid supplies
- Manual can opener
- Proper ID on all belongings

Manatee County Shelter Listing for 2010

The shelters are listed alphabetically, not in the order they are opened.

- Shelter openings vary with each emergency.
- Shelter openings will differ by size and intensity of a disaster.
- Stay tuned to local media for a listing of shelters, to include the pet-friendly shelters, which will be opened for an event. If you plan to go to a pet-friendly shelter, please be familiar with the [requirements](#), in advance.

Do not go to the shelter until local officials announce, through the media, that the shelter is open.

GENERAL POPULATION SHELTER NAME/ADDRESS

| | |
|----------------------------------|--|
| Bashaw Elementary School | 3515 Morgan Johnson Road, Bradenton |
| Bayshore Elementary School | 6120 26th Street West, Bradenton |
| Braden River Middle School | 6215 River Club Blvd., Bradenton |
| Braden River High School | 6545 SR 70 East, Bradenton |
| Buffalo Creek Middle School | 7320 69th Street East, Palmetto |
| Daughtrey Elementary School | 515 63rd Ave East, Bradenton |
| Freedom Elementary School | 9515 State Road 64 East, Bradenton |
| Gullett Elementary School | 12125 44th Avenue East, Bradenton |
| Haile Middle School | 9501 State Road 64 East, Bradenton |
| Johnson Middle School | 2121 26th Avenue East, Bradenton |
| Kinnan Elementary School | 3415 Tallevast Road, Sarasota |
| Lee Middle School | 4000 53rd Avenue West, Bradenton |
| Lincoln Middle School | 305 17th Street East, Palmetto |
| Manatee High School | 1000 32nd Street West, Bradenton |
| McNeal Elementary School | 6325 Lorraine Road, Bradenton |
| Miller Elementary School | 4201 Manatee Avenue West, Bradenton |
| Mills Elementary School | 7200 69th Street East, Palmetto |
| Myakka City Elementary School | 37205 Manatee Avenue, Myakka City |
| Oneco Elementary School | 5214 22nd Street Court East, Bradenton |
| Prine Elementary School | 3801 Southern Parkway, Bradenton |
| Rodgers Garden Elementary School | 515 13th Ave West, Bradenton |
| Rowlett Elementary School | 3500 9th Street East, Bradenton |
| Seabreeze Elementary School | 3601 71st Street West, Bradenton |
| Tillman Elementary School | 1415 29th Street East, Palmetto |
| Williams Elementary School | 3404 Fort Hamer Road, Parrish |
| Willis Elementary School | 14705 The Masters Avenue, Bradenton |
| Witt Elementary School | 200 Rye Road, Bradenton |