



State Board of Education

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NAMES: Suzanne Tart
Thomas Kauffman

PHONE: 850-245-0351
850-245-9630

MEMORANDUM

DATE: November 5, 2014

TO: District School Superintendents

FROM: Linda Champion

SUBJECT: Estimated June 2015 Florida Department of Juvenile Justice (DJJ) Unweighted Full-Time Equivalent (UFTE) Students (Survey 4)

The third calculation of the 2014-15 Florida Education Finance Program requires an estimate of June 2015 DJJ UFTE students by school, program and grade. Attached is your district's June 2014 DJJ UFTE student data, which will serve as your estimated June 2015 DJJ UFTE student total, unless revised by the district. **Districts are requested to carefully review the data and make appropriate changes.**

To provide a revised estimate, please complete the attached copy of Form ESE 135 for **each DJJ school** and submit these forms to our office by Wednesday, November 12, 2014.

The attached form letter, which certifies the estimated June 2015 DJJ UFTE student total, must be signed by the superintendent or designee and submitted no later than November 12, 2014. If the June 2014 DJJ UFTE student data is to be used as your district's estimated June 2015 DJJ UFTE student total, or if you anticipate zero DJJ UFTE students for June, a letter that certifies the total UFTE students is still required. Submitted UFTE student data will be reconciled to the total certified in the letter.

For districts that submit data after the November 12, 2014, deadline, the June 2014 DJJ UFTE student data will be used as the district's estimated June 2015 DJJ UFTE student total.

Linda Champion
Deputy Commissioner, Finance and Operations

District School Superintendents

November 5, 2014

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If it is necessary to fax the data in order to meet the November 12, 2014, deadline, please send the fax to Thomas Kauffman at 850-245-9135. Please call Mr. Kauffman at 850-245-9630 to verify receipt of the fax.

LC/tk

Attachments: Estimated June 2015 Certification Letter
Estimated June 2015 ESE 135 Form
June 2015 DJJ UFTE Student Data (based on June 2014 DJJ UFTE Student Data)

cc: District FTE Administrators
District MIS Directors
District Finance Officers

ATTENTION: THOMAS KAUFFMAN
Due Date: November 12, 2014

Date: _____

Fax Number: 850-245-9135

Suzanne Tart, Bureau Chief
Florida Department of Education
School Business Services
325 West Gaines Street, Room 814
Tallahassee, Florida 32399-0400

Dear Ms. Tart:

This letter certifies the estimated June 2015 Florida Department of Juvenile Justice (DJJ) unweighted full-time equivalent (UFTE) student data to be used in the third calculation of the 2014-15 Florida Education Finance Program for the _____ County School District. All DJJ schools are represented.

The district's estimated June 2015 DJJ UFTE student data is _____ (fill in total district UFTE student amount) and (check one):

1. _____ is the same as the reported June 2014 DJJ UFTE student data, or
2. _____ has been revised by the attached copy of form ESE 135, School Funding Certification.

Person completing this form: _____

Phone Number: _____

Sincerely,

Signature of District School Superintendent or Designee

Please return completed form to:
 Office of Funding and Financial Reporting
 Florida Department of Education
 325 West Gaines Street, Room 814
 Tallahassee, Florida 32399-0400
 850-245-0405
 Fax: 850-245-9135

FLORIDA DEPARTMENT OF EDUCATION
 BUREAU OF SCHOOL BUSINESS SERVICES
 OFFICE OF FUNDING AND FINANCIAL REPORTING



ESTIMATED JUNE 2015
 FLORIDA DEPARTMENT OF JUVENILE JUSTICE UFTE (SURVEY 4)
 SCHOOL FUNDING CERTIFICATION

| | | | |
|------------------|----------------|----------------|--------------|
| District Number: | District Name: | School Number: | School Name: |
|------------------|----------------|----------------|--------------|

RECORD FTE EARNED BY EACH SCHOOL IN THIS DISTRICT USING DECIMAL NUMBERS THAT SHOW FRACTIONS TWO PLACES TO THE RIGHT OF THE DECIMAL POINT (EXAMPLES: 2.06, 2.60, 10.00)

| PROGRAMS (PT = Part-time) | No. | PK | KG | 1 | 2 | 3 | 4 | 5 | No. | 6 | 7 | 8 | 9 | 10 | 11 | 12 | TOTAL | No. |
|-----------------------------|------|-----|----|---|---|---|---|---|-----|---|---|---|---|----|----|----|-------|-----|
| Exceptional Support Level 4 | 254 | | | | | | | | 254 | | | | | | | | | 254 |
| Education Support Level 5 | 255 | | | | | | | | 255 | | | | | | | | | 255 |
| Career Ed. 9-12 | 300 | | | | | | | | 300 | | | | | | | | | 300 |
| At Risk ESOL | 130 | | | | | | | | 130 | | | | | | | | | 130 |
| Basic | PK-3 | 101 | | | | | | | 101 | | | | | | | | | 101 |
| | 4-8 | 102 | | | | | | | 102 | | | | | | | | | 102 |
| | 9-12 | 103 | | | | | | | 103 | | | | | | | | | 103 |
| Basic with ESE Services | PK-3 | 111 | | | | | | | 111 | | | | | | | | | 111 |
| | 4-8 | 112 | | | | | | | 112 | | | | | | | | | 112 |
| | 9-12 | 113 | | | | | | | 113 | | | | | | | | | 113 |
| TOTAL PK-12 | | | | | | | | | | | | | | | | | | |

I certify this report to be correct.

 Signature of District School Superintendent or Designee

 Date