Florida Department of Education Master School Identification (MSID) Application Form

A Master School Identification (MSID) number is a unique number assigned by the Florida Department of Education (FDOE) to a public school as part of the statewide comprehensive management information system for maintaining and reporting education records, enforcing and supporting education accountability, supporting the distribution of funds to school districts and school district financial reports and assisting the Commissioner of Education in carrying out the duties specified in ss. 1001.10, and 1001.11, Florida Statutes (F.S.).

This application is required for the FDOE to consider adding a new school to the MSID file or to change the information of a school already in the MSID file.

Please complete all applicable sections and return the signed application to:

Florida Department of Education Assistant Deputy Commissioner of Data Systems, Division of Technology and Innovation Turlington Building, Suite 852 325 West Gaines Street, Tallahassee, Florida 32399

Or email to MSID@fldoe.org

Section A: General Information

1.	Date of request: Click here to enter a date.						
2.	Choose the type of MSID application below:						
	\Box New Application	□ Revised/Updated Application	□ School Closure				
3.	District number: Choose an item.						
4.	District name: Choose an item.						
5.	School number: Click here to enter for revised/updated application only. (Provide a school number only if requesting a change to any information within the application form or school closure. School numbers are assigned by the Department of Education for all new schools.)						
6.	School name: Click here to enter.						
7.	Contact name: Click here	to enter.					

8.	Contact phone number: Click here to enter.							
9.	Contact email address: Click here to enter.							
10.	Date school will open: Click here to enter a date.							
11.	Mailing add	lress: Click here	to enter.					
12.	Physical add	dress if differen	nt from mailing a	address: Click h	ere to enter.			
13.	Phone num	ber: Click here	to enter.					
14.	Fax number	r: Click here to e	enter.					
15.	School web	address: Click	here to enter.					
16.	School ema	il address: Click	here to enter.					
17.	Principal/A	dministrator's r	name: Click here	e to enter.				
	Check one:							
	\Box Dr.	□ Mr.	□ Mrs.	\Box Miss	\Box Ms.	Other/Unknown		
18.	Does the Pr	incipal/Adminis	strator serve an	other school/ir	nstitution?			
	□ Yes			🗆 No				
	a. If yes, w	hich school nur	nbers share this	s Principal/Adm	ninistrator? Clic	ck here to enter.		
	•	• •	at the Principal/ Click here to er		serves at the of	ther		
19.	District Sup	erintendent's n	name: Click here	e to enter.				
	Check one:							
	🗆 Dr.	□ Mr.	\Box Mrs.	□ Miss	\Box Ms.	🗆 Other/Unknown		
	a. Is the sup	perintendent ap	pointed or elec	ted? (check on	e)			
	Appointe	ed 🗆	Elected					
	b. Superintendent's email address: Click here to enter.							

Section B: Grade Levels and School Types

20.	Grades served (check all that apply):							
	□РК	□KG	□01	□ 02	□03	□04	□05	
	□ 06	□ 07	□ 08	□ 09	□ 10	□ 11	□ 12	□Adult

21.	Is the school a charter school? s. 1002.33, F.S.						
	□ Yes		□ No				
	a. If yes, provide the date that the district school board approved the charter school application. Click here to enter a date.						
	b. Charter school type (choos	e one):					
	s. 1002.33, F.S. Char	onversion ter School 02.33(3)(b), F.S.	□Charter Technical Care Center s. 1002.34, F.S		□ Conversion/Charter Technical Career Center s. 1002.34(4), F.S.		
22.	School function/setting – indi the special setting in which th						
	Adult General Educations. 1004.02(3), F.S.	Justice	 Department of Juvenile Justice s. 1003.01(11), F.S. 		ome Education 2.01, F.S.		
	□ Hospital Rule 6A-6.03020, F.A.C.	•	□ Hospital/ Homebound Rule 6A-6.03020, F.A.C.		County Jail/ State Prison		
	 <u>FES Scholarship</u> s. 1002.394, F.S. 	□ Career and Education Cen s. 1001.44, F.S.	ter	Enrol Title 1 Left B	tle 1 Migrant Non- led Students 1, Part C, of the No Child Behind Act; 20 §§U.S.C. -6399.		
	 Virtual Instruction Program s. 1002.45(1), F.S. (Please complete Section E.) 	□ Other Click	here to enter.				
23.	Primary service type – indicat one):	es the main educa	tional program o	offered	at the school (choose		
	□ Adult General Education s. 1004.02(3), F.S.	□ Alternative s. 1003.53, F.S (Please complet		□к	-12 General Education		
	 Special Education s. 1003.01(3)(b), F.S. 	□ Career and Education s. 1004.91, F.S.		□ 0	ther Click here to enter.		
24.	Is the school/program accred of Colleges and Schools Coun						
	□ Yes		□ No				
25.	Will the school operate as a y	ear-round school?					

☐ Year-round, single track (All students are on one schedule (track) at the same time.) ☐ Year-round, multi-track (Groups of students are on different schedules (tracks) and attend school at different times.) □ Not a year-round school (All students are on a traditional 10-month school calendar (August-June).)

Section C: School Facility, Zoning and Population

26.	Is this a newly constructed facility?					
	□ Yes	□ No				
	a. If this is not a newly constructed facility, describe the facility that this school/program will occupy. Click here to enter.					
	b. What is the physical address of the facility? C	Click here to enter.				
27.	Is this school co-located with another school?					
	□ Yes	□ No				
	a. If yes, name of co-located school: Click here	to enter.				
	b. MSID number of co-located school: Click her	e to enter.				
28.	Is this school a school within a school as defined	d in $c_{1003,02(4)} = c_{2}^{2}$				
20.						
		□ No				
	a. If yes, explain. Click here to enter.					
29.	Does the school have a separate group of students enrolled in the school shared with another school, school facility or administrative staff?					
	□ Yes	□ No				
	a. If yes, describe the population of studeb. If no, describe the population of studer					
30.	Will the district re-zone to populate this school	?				
	□ Yes	□ No				
	a. Which existing schools will the new school's students will populate the new school from ea					
31.	Are any schools closing because of this new sch	ool's opening?				
	□ Yes	□ No				

	a. If yes, which schools? Click here to enter.							
32.	Is this school a result of a merger of existing schools?							
	□ Yes				🗆 No			
	a. If yes,	which scho	ols are merg	ing? Click he	re to enter.			
33.	Does the formation of this school involve a division of a student population (currently assigned one school number) into two or more student populations?							
	🗆 Yes				🗆 No			
	a. If yes,	please expl	ain. Click her	e to enter.				
34.	List the	projected s	tudent enroll	ment by gra	de for this so	hool/progra	m:	
	РК	К	01	02	03	04	05	06
	07	08	09	10	11	12	Adult	
35.	Is the t	eaching staf	f shared with	n another sch	nool?			
	🗆 Yes				🗆 No			
	a. If yes, which school numbers share the teaching staff? Click here to enter.							
	b. What percentage of teaching staff is shared? Click here to enter.							
	c. Explain how the teaching staff is shared. Click here to enter.							
36.	Is the administrative staff (principal, assistant principal, curriculum coordinators or deans) shared with another school?							
	🗆 Yes				🗆 No			
	a. If yes	s, which sch	ool numbers	share the ac	lministrative	staff? Click	here to enter	
	b. Wha	t percentag	e of administ	rative staff i	s shared? Cli	ck here to er	nter.	
	c. Expla	ain how the	administrativ	ve staff is sha	ared. Click he	re to enter.		

Section D: Specialized School/Program

37.	Is this a magnet school/program? (check one)					
	□ Magnet school-wide	Magnet program	Not a magnet school/program			
	a. If this is a magnet school/ majority of student partici		specialty? (check one specialty with the			

	Academically Talented	□ Advanced Placement	🗆 Career Acaden	ny 🗌 Criminal .	Justice Language	
	International Baccalaureate	□ Medical	Performing Art	ts 🗌 Science/I	Math □ Technology	
	□ Other					
	b. Does the magnet	school/program	have an application	process for the stu	udent to enroll?	
	□ Yes		🗆 No			
	c. Describe the mag	net school/progr	am. Click here to er	nter.		
	d. Is the magnet sch	ool/program des	ignated to eliminat	e racial isolation?		
	□ Yes		🗆 No			
38.	Is the school conside 1002.31, F.S.?	red a school of cl	noice for the purpo	se of class size com	pliance as defined in s.	
	□ Yes)		
39.	Is the school conside defined in HB1285?	ered a Classical S	chool as			
	□ Yes)		
40.	Is the school/program	n an institution f	or neglected or deli	nquent children? (check one)	
	Neglected, residential	Delinquen residential	t, □ Neglecte non- residenti	d,	nt, non-residential	
	□ None of the above					
	a. For institutions fo	r neglected or de	elinquent children, o	choose one of the f	ollowing classifications:	
	□ Neglected progra	ım 🗌 Juv	venile corrections	\Box Juvenile o	detention	

Section E: Virtual School Numbers

41.	Complete this section only when requesting a virtual school number. Select the type of virtual school below and list the provider's name for the Virtual Instruction Program through a contract.
	□ Virtual Instruction Program (school number 7001) contracted through a provider approved by the Department of Education under section 1002.45(2), F.S., the Florida Virtual School or a community college
	Name of contractor(s) and/or college(s): Click here to enter.
	□ Virtual Instruction Program (school number 7023) operated by the school district under section 1002.45(1)(c)4, F.S.
	□ Virtual Course Offerings (school number 7006) as per section 1003.498, F.S.
	 Franchise of the Florida Virtual School (school number 7004) as per section 1002.45(1)(c)1, F.S.
	Virtual Charter School as per section 1002.33(1), F.S.

Section F: Alternative Education

schools.	The following documentation is required for both traditional and charter schools operating as alternative schools. An alternative school is a school that provides dropout prevention and academic intervention services pursuant to s. 1003.53, F.S.				
42.	Describe the mission of this school, indicating how the school is oriented toward providing academic intervention and dropout prevention services in accordance with s. 1003.53, F.S.				
	Click here to enter.				
43.	Do the students receive all their instruction at the school site?				
	□ Yes □ No				
	a. If not, please describe the students' schedules.				
	Click here to enter.				
44.	How will the students be chosen to participate in the program (e.g., through referral, voluntary enrollment, etc.)?				
	Click here to enter.				
45.	Describe the student population in detail where the majority of enrolled students are at-risk, low-performing students who are exhibiting discipline or attendance problems.				
	Click here to enter.				
46.	Will the students enroll for the entire school year?				

🗆 Yes

🗆 No

a. If not enrolled the entire school year, how many weeks will the students enroll in the school?

Click here to enter.

Section G: Additional Information:

47. Provide any additional information you wish the department to consider in assessing the application for a MSID number here.

Click here to enter.

Section H: Superintendent Approval

I have read the foregoing Master School Identification Number Application and to the best of my knowledge, the facts stated in it are true.

Signature of School District Superintendent

Date