

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, 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
Deputy Commissioner, Division of Accountability, Research and Measurement
Turlington Building, Suite 844
325 West Gaines Street, Tallahassee, Florida 32399

or askeias@fldoe.org.

Section A: General Information

1.	Date of request: Click here to enter a date.
2.	Choose the type of MSID application below: <input type="checkbox"/> New Application <input type="checkbox"/> Revised/Updated Application
3.	District number: Choose an item.
4.	District name: Choose an item.
5.	School number: Click here to enter for revised/updated application only. <i>(Provide a school number only if requesting a change to any information within the application form. School numbers are assigned by the Department of Education for all new schools.)</i>
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 address: Click here to enter.
12.	Physical address if different from mailing address: Click here to enter.
13.	Phone number: Click here to enter.
14.	Fax number: Click here to enter.
15.	School web address: Click here to enter.
16.	School email address: Click here to enter.
17.	Principal/Administrator's name: Click here to enter. Check one: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other/Unknown
18.	Does the Principal/Administrator serve another school/institution? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, which school numbers share this Principal/Administrator? Click here to enter. b. Explain the capacity that the Principal/Administrator serves at the other school(s)/institution(s): Click here to enter.
19.	District Superintendent's name: Click here to enter. Check one: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other/Unknown a. Is the superintendent appointed or elected? (check one) <input type="checkbox"/> Appointed <input type="checkbox"/> Elected b. Superintendent's email address: Click here to enter.

Section B: Grade Levels and School Types

20.	Grades served (check all that apply): <input type="checkbox"/> PK <input type="checkbox"/> KG <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Adult
21.	Is the school a charter school? s. 1002.33, F.S. <input type="checkbox"/> Yes <input type="checkbox"/> 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 (choose one):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Charter School
s. 1002.33, F.S. | <input type="checkbox"/> Conversion
Charter School
s. 1002.33(3)(b), F.S. | <input type="checkbox"/> Charter
Technical Career
Center
s. 1002.34, F.S. | <input type="checkbox"/> Conversion/Charter
Technical Career
Center
s. 1002.34(4), F.S. |
|---|---|--|--|

22. School function/setting – indicates the special function that the school serves or the special setting in which the instruction is taking place (choose one):

- | | | |
|--|---|--|
| <input type="checkbox"/> Adult General Education
s. 1004.02(3), F.S. | <input type="checkbox"/> Department of Juvenile
Justice
s. 1003.01(11), F.S. | <input type="checkbox"/> Home Education
s.1002.01, F.S. |
| <input type="checkbox"/> Hospital
Rule 6A-6.03020, F.A.C. | <input type="checkbox"/> Hospital/ Homebound
Rule 6A-6.03020, F.A.C. | <input type="checkbox"/> County Jail/ State Prison |
| <input type="checkbox"/> <u>McKay Scholarship</u>
s. 1002.39, F.S. | <input type="checkbox"/> Career and Technical
Education Center
s. 1001.44, F.S. | <input type="checkbox"/> Title 1 Migrant Non-
Enrolled Students
Title 1, Part C, of the No Child
Left Behind Act; 20 §§U.S.C.
6391-6399. |
| <input type="checkbox"/> Virtual Instruction
Program
s. 1002.45(1), F.S.
(Please complete Section E.) | <input type="checkbox"/> Other Click here to enter. | |

23. Primary service type – indicates the main educational program offered at the school (choose one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Adult General Education
s. 1004.02(3), F.S. | <input type="checkbox"/> Alternative Education
s. 1003.53, F.S.
(Please complete Section F.) | <input type="checkbox"/> K-12 General Education |
| <input type="checkbox"/> Special Education
s. 1003.01(3)(b), F.S. | <input type="checkbox"/> Career and Technical
Education
s. 1004.91, F.S. | <input type="checkbox"/> Other Click here to enter. |

24. Is the school/program accredited by the Southern Association of Colleges and Schools (SACS)?

- Yes No

25. Will the school operate as a year-round school?

- | | | |
|---|--|---|
| <input type="checkbox"/> Year-round, single track
(All students are on one
schedule (track) at the same
time.) | <input type="checkbox"/> Year-round, multi-track
(Groups of students are on
different schedules (tracks) and
attend school at different times.) | <input type="checkbox"/> 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?
	<input type="checkbox"/> Yes <input type="checkbox"/> 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? Click here to enter.
27.	Is this school co-located with another school?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If yes, name of co-located school: Click here to enter.
	b. MSID number of co-located school: Click here to enter.
28.	Is this school a school within a school as defined in s. 1003.02(4), F.S.?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If yes, explain. Click here to enter.
29.	Does the school have a separate group of students enrolled in the school that is not shared with another school, school facility or administrative staff?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If no, describe the population of students. Click here to enter.
	b. If yes, describe the population of students. Click here to enter.
30.	Will the district re-zone to populate this school?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Which existing schools will the new school's population come from and what percentage of students will populate the new school from each existing school? Click here to enter.
31.	Are any schools closing because of this new school's opening?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If yes, which schools? Click here to enter.
32.	Is this school a result of a merger of existing schools?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If yes, which schools are merging? Click here 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 explain. Click here to enter.

34. List the projected student enrollment by grade for this school/program:

PK	K	01	02	03	04	05	06
07	08	09	10	11	12	Adult	

35. Is the teaching staff shared with another school?

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, which school numbers share the administrative staff? Click here to enter.

b. What percentage of administrative staff is shared? Click here to enter.

c. Explain how the administrative staff is shared. Click here 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/program, what is the magnet specialty? (check one specialty with the majority of student participation)

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> Academically Talented | <input type="checkbox"/> Advanced Placement | <input type="checkbox"/> Career Academy | <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Foreign Language |
| <input type="checkbox"/> International Baccalaureate | <input type="checkbox"/> Medical | <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Science/Math | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Other | | | | |

b. Does the magnet school/program have an application process for the student to enroll?

Yes

No

c. Describe the magnet school/program. [Click here to enter.](#)

d. Is the magnet school/program designated to eliminate racial isolation?

Yes

No

38. Is the school considered a school of choice for the purpose of class size compliance as defined in s. 1002.31, F.S.?

Yes

No

39. Is the school/program an institution for neglected or delinquent children? (check one)

Neglected,
residential

Delinquent,
residential

Neglected, non-
residential

Delinquent, non-
residential

None of the
above

a. For institutions for neglected or delinquent children, choose one of the following classifications:

Neglected program

Juvenile corrections

Juvenile detention

Section E: Virtual School Numbers

40. 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

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.

41. 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.

42. 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.

43. How will the students be chosen to participate in the program (e.g., through referral, voluntary enrollment, etc.)?

Click here to enter.

44. 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.

45. 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:

46. 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