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:
   □ New Application  □ 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.
   (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.)

6. School name: Click here to enter.

7. Contact name: Click here to enter.

8. Contact phone number: Click here to enter.
FORM: MSID01

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:
   □ Dr.  □ Mr.  □ Mrs.  □ Miss  □ Ms.  □ Other/Unknown

18. Does the Principal/Administrator serve another school/institution?
   □ Yes  □ 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:
   □ Dr.  □ Mr.  □ Mrs.  □ Miss  □ Ms.  □ Other/Unknown
   a. Is the superintendent appointed or elected? (check one)
      □ Appointed  □ Elected
   b. Superintendent’s email address: Click here to enter.

Section B: Grade Levels and School Types

20. Grades served (check all that apply):
    □ PK  □ 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.
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):

<table>
<thead>
<tr>
<th>☐ Charter School</th>
<th>☐ Conversion</th>
<th>☐ Charter</th>
<th>☐ Conversion/Charter</th>
</tr>
</thead>
</table>

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):

| ☐ Adult General Education s. 1004.02(3), F.S. | ☐ Department of Juvenile Justice s. 1003.01(11), F.S. | ☐ Home Education s.1002.01, F.S. |
| ☐ Hospital Rule 6A-5.03020, F.A.C. | ☐ Hospital/ Homebound Rule 6A-6.03020, F.A.C. | ☐ County Jail/ State Prison |
| ☐ McKay Scholarship s. 1002.39, F.S. | ☐ Career and Technical Education Center s. 1001.44, F.S. | ☐ Title 1 Migrant Non-Enrolled Students Title 1, Part C, of the No Child Left Behind Act; 20 §§U.S.C. 6391-6399. |
| ☐ Virtual Instruction Program s. 1002.45(1), F.S. (Please complete Section E.) | ☐ Other Click here to enter. | |

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

| ☐ Adult General Education s. 1004.02(3), F.S. | ☐ Alternative Education s. 1003.53, F.S (Please complete Section F.) | ☐ K-12 General Education |
| ☐ Special Education s. 1003.01(3)(b), F.S. | ☐ Career and Technical Education s. 1004.91, F.S. | ☐ 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?

| ☐ 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 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? 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 here to enter.

28. **Is this school a school within a school as defined in s. 1003.02(4), F.S.?**
   - [ ] Yes
   - [ ] 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?**
   - [ ] Yes
   - [ ] 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?**
   - [ ] Yes
   - [ ] 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?**
   - [ ] 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
### Section C: Merging Schools

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?

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<tr>
<td>PK</td>
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<td>12</td>
<td>Adult</td>
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34. List the projected student enrollment by grade for this school/program:

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<td>12</td>
<td>Adult</td>
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35. Is the teaching staff shared with another school?

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<tr>
<td>Yes</td>
<td>No</td>
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36. Is the administrative staff (principal, assistant principal, curriculum coordinators or deans) shared with another school?

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<td>Yes</td>
<td>No</td>
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### Section D: Specialized School/Program

37. Is this a magnet school/program? (check one)

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<tbody>
<tr>
<td>Magnet school-wide</td>
<td>Magnet program</td>
<td>Not a magnet school/program</td>
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a. If this is a magnet school/program, what is the magnet specialty? (check one specialty with the majority of student participation)

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<tbody>
<tr>
<td>Academically Talented</td>
<td>Advanced Placement</td>
<td>Career Academy</td>
<td>Criminal Justice</td>
<td>Foreign Language</td>
</tr>
<tr>
<td>International</td>
<td>Medical</td>
<td>Performing</td>
<td>Science/Math</td>
<td>Technology</td>
</tr>
</tbody>
</table>
Baccalaureate  

Arts

☐ 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.
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.

<table>
<thead>
<tr>
<th>Signature of School District Superintendent</th>
<th>Date</th>
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