

Office of Independent Education and Parental Choice
2023-2024 Private School Annual Survey



School Name:
Program Participation:
School District:
Address:
City, State, Zip:
Owner/Chief Administrative Officer:

I hereby attest that as owner and/or chief administrative officer of the above-named school I have met the fingerprint requirements of Section 1002.42(2)(c), F.S., and the school has met the requirements of Section 553.865, F.S., referenced below in Section 6.

Signature:

Name
(Print):

Sworn and subscribed before me this _____ day of _____, 20_____.

Notary Public, State of Florida:

Notary's Name (Print):

Personally Known:

Produced Identification:

Type:

Notary Public
State of Florida at large. My commission expires:

Notary Seal:

Private School Annual Survey

* Required Fields

Section 1: General Information

* 1) School Name	<input type="text"/>	
* 2) School Code	<input type="text"/>	
* 3) District	<input type="text"/>	
* 4) Date School Established	<input type="text"/>	
* 5) Physical Address (no P.O. box)	<input type="text"/> <input type="text"/>	
* 6) City, State, Zip	<input type="text"/> FL	<input type="text"/>
7) Mailing Address (if different)	<input type="text"/> <input type="text"/>	
8) Mailing Address City, State, Zip	<input type="text"/> FL	<input type="text"/>
* 9) School Phone (xxx) xxx-xxxx	<input type="text"/> Ext.	<input type="text"/>
10) Secondary Phone (xxx) xxx-xxxx	<input type="text"/> Ext.	<input type="text"/>
* 11) School Fax (xxx) xxx-xxxx	<input type="text"/>	
12) School Web site (e.g., http://www.floridaschoolchoice.org)	<input type="text"/>	
* 13) Owner/Chief Administrative Officer(first name, last name)	<input type="text"/>	<input type="text"/>
* 14) School Director/Principal(first name, last name)	<input type="text"/>	<input type="text"/>
* 15) School Director/Principal E-mail	<input type="text"/>	
16) School Contact Person (if different from director)	<input type="text"/>	
17) School Contact E-mail	<input type="text"/>	

Section 2: Program Information

* 1) Select the lowest grade for which instruction is provided.	<input type="text"/>
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* 2) Select the highest grade for which instruction is provided.

* 3) Enter the number of days for the academic year.

* 4) Is your school a Military School? Yes No

* 5) Is your school a Religious School? Yes No

6) If you answered Yes to Question 5, please indicate the Denomination.

* 7) Students Boys Girls Co-Ed

* 8) Program Types

Correspondence Home-based Pre-K Special

Exceptional Hospital Regular Virtual

* 9) Is this school a nonprofit organization? Yes No

* 10) Does this school have classes exclusively for children with exceptionalities? Yes No

* 11) Does this school offer exceptional student education services and other related services? Yes No

12) If you answered yes to question 10, please select disabilities served and services offered(check all that apply):

Autism Spectrum Disorder Gifted Other Health Impaired

Deaf Or Hard Of Hearing Hospital/Homebound Physical Therapy

Developmentally Delayed Intellectual Disability Specific Learning Disability

Dual-Sensory Impaired Language Impaired Speech Impaired

Emotional/Behavioral Disability Occupational Therapy Traumatic Brain Injured

Established Conditions Orthopedically Impaired Visually Impaired

Section 3: Student Information * INCLUDE FLORIDA RESIDENT STUDENTS ONLY*****

Enter the number of students enrolled for the current academic year. If none, enter "0".

* 1) Pre-K * 8) Grade 6

* 2) Kindergarten * 9) Grade 7

* 3) Grade 1	<input type="text"/>	* 10) Grade 8	<input type="text"/>
* 4) Grade 2	<input type="text"/>	* 11) Grade 9	<input type="text"/>
* 5) Grade 3	<input type="text"/>	* 12) Grade 10	<input type="text"/>
* 6) Grade 4	<input type="text"/>	* 13) Grade 11	<input type="text"/>
* 7) Grade 5	<input type="text"/>	* 14) Grade 12	<input type="text"/>
	15) Total		<input type="text"/> Total

Race and Ethnicity Breakdown of Students:

Ethnicity

1) Students of Hispanic/Latino Origin

Race

1) American Indian or Alaska Native

2) Asian

3) Black or African American

4) Native Hawaiian or other Pacific Islander

5) White

Of your total students how many are enrolled in:

* 1) Exceptional Student Education

* 2) Career Education

Section 4: Teacher Information

Enter the number of teachers/administrators for current academic year. If none, enter "0".
Count each employee only once, even if they serve in multiple roles.

* 1) Pre-K	<input type="text"/>	* 6) Librarians/Media Specialists	<input type="text"/>
* 2) Kindergarten	<input type="text"/>	* 7) Guidance Counselors	<input type="text"/>
* 3) Grades 1-5	<input type="text"/>	* 8) Administrators	<input type="text"/>
* 4) Grades 6-8	<input type="text"/>	9) Total	<input type="text"/> Total
* 5) Grades 9-12	<input type="text"/>		

Section 5: Graduate Information * INCLUDE FLORIDA RESIDENT STUDENTS ONLY*****

Enter the number of high school graduates from last spring now, and the number of students attending the following types of institutions. If none, enter "0".

* 1) Total Number of Florida Graduates Last Spring	<input type="text"/>
* 2) FL Public Community Colleges	<input type="text"/>
* 3) FL Private Junior Colleges	<input type="text"/>
* 4) FL Public Universities	<input type="text"/>
* 5) FL Private Colleges & Universities	<input type="text"/>
* 6) Out of State Colleges & Universities	<input type="text"/>
* 7) FL Nonacademic Post-Secondary Schools	<input type="text"/>
* 8) Out of State Nonacademic Post-Secondary Schools	<input type="text"/>

Section 6: Assurance of Compliance with Section 553.865

Private schools must comply with all applicable requirements of Section 553.865, F.S., pertaining to the use of restrooms and changing facilities by males or females, based on biological sex at birth, including the subsections that require the following:

- That restrooms are designated for exclusive use by males or females, as defined by Section 553.865(3), F.S., or that there is a unisex restroom;
- That changing facilities are designated for exclusive use by males or females, as defined by Section 553.865(3), F.S., or that there is a unisex changing facility;
- That the student code of conduct has been updated according to Section 553.865(9)(a), F.S.;
- That the private school has established procedures for employees according to Section 553.865(9)(d), F.S., and
- Instructional personnel and administrative personnel as described in Section 1012.01(2)-(3), F.S., or the equivalent of such personnel for a private school, who violate any provision of Section 553.865, F.S., commit a violation of the Principles of Professional Conduct for the Education Profession under Rule 6A-10.081, F.A.C.

By submitting this application, and signing to attestation referenced at the top of this application, the school is providing an assurance that it is fully compliant with Section 553.865, F.S.