

State Board of Education

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CONTACT PERSON:
NAME: Josh Bemis
PHONE: 850-245-0405

MEMORANDUM

TO: District School Superintendents

FROM: Linda Champion

DATE: October 27, 2016

SUBJECT: Estimated June 2017 Florida Department of Juvenile Justice (DJJ) Unweighted

Full-Time Equivalent (UFTE) Students (Survey 4)

The third calculation of the 2016-17 Florida Education Finance Program requires an estimate of June 2017 DJJ UFTE students by school, program and grade. Attached is your district's June 2016 DJJ UFTE student data, which will serve as the district's estimated June 2017 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 9, 2016.

The attached form letter, which certifies the estimated June 2017 DJJ UFTE student total, must be signed by the superintendent or designee and submitted no later than November 9, 2016. If the June 2016 DJJ UFTE student data is to be used as your district's estimated June 2017 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 9, 2016, deadline, the June 2016 DJJ UFTE student data will be used as the district's estimated June 2017 DJJ UFTE student total.

If it is necessary to fax the data in order to meet the November 9, 2016, deadline, please send the fax to Josh Bemis at 850-245-9135.

LC/jb

Attachments: Estimated June 2017 DJJ UFTE Students Certification Letter

Estimated June 2017 DJJ UFTE Students ESE 135 Form

June 2017 DJJ UFTE Student Data (based on June 2016 DJJ UFTE Student Data)

cc: District FTE Administrators District MIS Directors District Finance Officers

Linda Champion
Deputy Commissioner, Finance and Operations

ATTENTION: JOSH BEMIS **Due Date: November 9, 2016**

Date:	Fax Number: 850-245-9135
Mark Eggers, Assistant Deputy Commissioner Florida Department of Education Bureau of School Business Services 325 West Gaines Street, Room 814 Tallahassee, Florida 32399-0400	
Dear Mr. Eggers:	
unweighted full-time equivalent (UFTE) studen	Florida Department of Juvenile Justice (DJJ) at data to be used in the third calculation of the Dr the County School
The district's estimated June 2017 DJJ UFTE student amount) and (check one):	ident total is (fill in total
1 is the same as the reported Ju	ne 2016 DJJ UFTE student total, or
2 has been revised on the attach Certification.	ned copy of form ESE 135, School Funding
Person completing this form:	
Phone Number:	
Sincerely,	
Signature of District School Superintendent or L	 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 2017 FLORIDA DEPARTMENT OF JUVENILE JUSTICE UFTE STUDENTS (SURVEY 4) SCHOOL FUNDING CERTIFICATION

District Number: District Name:									School Number:				School Name:							
	ECORD 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	
	PK-3	101								101									101	
Basic	4-8	102								102									102	
	9-12	103								103									103	
Basic	PK-3	111								111									111	
with ESE	4-8	112								112									112	
Services	9-12	113								113									113	
																тс	TAL PK-12			
				I certify the	nis report to	be correct.													_	
				Signature of District School Superintendent or Designee Date																

ESE 135 Rev. 10/2016