

Accreditation Application

GENERAL INFORMATION:

Name of School:	
Address of School:	
Phone number:	
Email Address:	
Website:	
Year Founded:	
Principal/Owner Name and Degree:	
Grade Levels offered (circle or fill in) PreK, K-5, K-8, K-12	
Approximately how many students are currently enrolled?(minimum of 25 required)	

DESIGNATION

Which Designation are you applying for? Choose at least one.

Class I TRADITIONAL SCHOOL
Class II NON-TRADITIONAL SCHOOL
Class III CHRISTIAN SCHOOL
Class IV LEARNING/TUTORING CENTER
Class V CONSTITUTION DESIGNATION

Answer the following questions as completely as possible, expect to show evidence of answers at evaluation.

Does school offer Achievement tests?	Yes	No
Does school accept scholarships?	Yes	No
Has the school been sued for any reason? If yes, Explain	Yes	No
Does school have written Handbook?	Yes	No
Does school have written Mission Statement?	Yes	No
Is the school already accredited? If yes, with which agencies?	Yes	No
Does school have a staff manual?	Yes	No
Does school comply with all federal/state/local requestions or learning centers?	uirements Yes	for No

How does school maintain attendance records?			
Does school keep student record or keep a copy off-campus?	ds in a fire-proof	, locked c Yes	abinet No
Have all staff members had a ba fingerprinting?	ckground check	and unde Yes	ergone No
List teachers and their crederneeded)	ntials: (use ad	ditional p	age if
Name	Degree/Ce	rtification	1

l,	, a representative of
	(school's name), have
completed this application	on to the best of my knowledge. I
understand that my app	lication is not approved until an on-site
evaluation has been cor	npleted.
(Print)	(Signature)
Date:	<u> </u>
along with \$100 deposit	2: 4239 SW Grove St, Palm City, FL 34990 . The remaining fees will be due at the on 2) 200-5290 with questions or assistance
Upon receipt, a represer evaluation.	ntative will call setup an on-site
Do not write below this line; office	e use only
Approved by:	
(Print)	(Signature)
Date:	