

# GAPSEC

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## Georgia Association of Private Schools for Exceptional Children

1000 Old Roswell Lakes Parkway, Roswell, GA 30076 • 770-645-2673 • Fax: 770-45-2711

### Membership Information and Application

Have been a member of GAPSEC before

Applying for new membership

School \_\_\_\_\_ Founded \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Webb Address \_\_\_\_\_ Phone \_\_\_\_\_

Head \_\_\_\_\_ Title Used \_\_\_\_\_

Email \_\_\_\_\_ FAX \_\_\_\_\_

Admissions Director \_\_\_\_\_ Email \_\_\_\_\_

Grades Served: Grade \_\_\_\_\_ to Grade \_\_\_\_\_ Coed Single Sex Day Boarding Both

Religious Affiliation? \_\_\_\_\_

Non-Profit For-Profit (owner) \_\_\_\_\_

Students Enrolled Annually \_\_\_\_\_

Number of fulltime administrators \_\_\_\_\_ Number of part time administrators \_\_\_\_\_

Number of fulltime faculty \_\_\_\_\_ Number of part time faculty \_\_\_\_\_

Requirements for Administrators/Faculty who work with "special needs" students:

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Accredited by \_\_\_\_\_ Type/Status \_\_\_\_\_

Check Memberships: AAAIS GISA NAIS SAIS Other \_\_\_\_\_

Currently approved for Georgia Special Needs Scholarship Students?

Seeking approval?

### Mission

Primary mission is for "special needs"

Distinct special program within the school

Please include the following with this form:

Mission of School or description/mission of distinct special program

Other information or brochures about your school/program

If not the head, the name and email address of the person who heads the "special needs" program

Admissions information (requirements/criteria? rolling admissions? Specific deadlines? tuition/payments?)

We have read the code of ethics and we agree to abide by and uphold these standards: Yes No

Signature of Head of School: \_\_\_\_\_

Person Completing Form \_\_\_\_\_ Date \_\_\_\_\_