



Association of Christian Teachers and Schools

911 S. Parsons Ave. Ste. G, Brandon, FL 33511

P: 813-684-2024 F: 813-684-2026

K-12 Accreditation Application

Please complete the form and mail to the ACTS office, along with \$650.00 accreditation fee.

| | | |
|---|--|--|
| Date: | | |
| School Name: | | |
| School Address: | | |
| City: | State: | Zip: |
| Phone: | Fax: | |
| Email: | | |
| School Website: | | |
| Person to serve as school contact for ACTS Accreditation: | | |
| Report compiled by: | | |
| Year Founded: | | |
| Enter Enrollment for Grade Levels Seeking Accreditation | | |
| <u>Grade Level</u> | <u>Number Enrolled</u> | |
| Kindergarten (K5) | | |
| Grades 1-5 | | |
| Grades 6-8 | | |
| Grades 9-12 | | |
| Other (please describe) | | |
| Total Enrollment: | | |
| Sponsoring Church or Organization: | | |
| Pastor/Chairman of the Board: | | |
| Denomination: | Assemblies of God <input type="checkbox"/> | Other <input type="checkbox"/> |
| Is the school incorporated separately from the sponsor? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Is the school a direct extension of a church and/or ministry? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If the school is not incorporated separately or a direct extension of a church or ministry, how is the school organized? | | |
| Identify which curriculum/curricula is/are used in the school: | | |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Secular | <input type="checkbox"/> Combination Christian/Secular |
| Does the school have plans to change the curriculum in the next five years? Y <input type="checkbox"/> N <input type="checkbox"/> | | |
| If yes, describe the changes to be made: | | |
| Is your school registered with the state? Y <input type="checkbox"/> N <input type="checkbox"/> | | |
| Is your school accredited by another agency? Y <input type="checkbox"/> N <input type="checkbox"/> | | |
| If yes, indicate which agency: | | |
| If your school is currently not accredited but is seeking accreditation with another agency, please indicate which one: | | |
| Accreditation to be completed by school year: | | |
| By entering your name, you electronically acknowledge reading and understanding the above document, and I hereby certify that the information above is true and accurate. | | Signature: Date: |

Mail completed form and fee to: ACTS, 911 S. Parsons Ave. Ste. G, Brandon, FL 33511