



Association of Christian Teachers and Schools

P.O. Box 8437
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www.actsschools.org

Accreditation Application

Date _____ School Telephone No. () _____

School Name _____

School Address _____

City _____ State _____ Zip _____

Fax No. () _____ E-Mail Address _____

Administrator _____ Web Site _____

Person to serve as school contact for ACTS Accreditation _____

Report Compiled by _____

Year Founded _____ Total Enrollment _____

CHECK APPLICABLE GRADE LEVELS OFFERED AT THE SCHOOL (Accreditation for K-12 only):

(Place the number of students on the line)

_____	Preschool
_____	4-Year Old Kindergarten
_____	5-Year Old Kindergarten
_____	Elementary (1-6)
_____	Middle Grades/Junior High (6-8)
_____	Secondary (9-12)
_____	Other (please describe)

Sponsoring Church or Organization _____

Pastor/Chairman of the Board _____

Denomination: Assemblies of God Other _____

Is the school incorporated separately from the sponsor? _____

Is the school a direct extension of a church and/or ministry? _____

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 in use in the school:

- Christian
- Secular
- Combination Christian/Secular

Does the school have plans to change the curriculum in the next five years? Yes No

If yes, describe the changes to be made: _____

Is your school registered with the state? _____

Is your school accredited by another agency? _____

If yes, indicate which agency: _____

If your school is currently not accredited but is seeking accreditation with another agency, please indicate the agency:

Accreditation to be completed by school year _____

Signature: Administrative Officer/Principal

Date