



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