Annual Membership Application



Document is a Fillable PDF - please complete this form electornically to ensure accuracy

Date of Application Su	ubmission					TEAC	HERS AND SCI	HOOLS
School Name								
Physical Address: # & Street, City, State, Zip								
Mailing Address (if different)								
Phone			Website					
Head of School Secondary Contact				Email Email				
School Information								
		Church Sponsor Denomination (Drop Do	•		Independent Tax Status (Drop Down Choice)			
**		Christian Publish Secular Publishe	_		Digital Materials Dual Enrollment			
- 1			nent Inforn					
Preschool Birth-12 Months		Elementary Kindergarten			Sixth Grade			
One Year Olds		First G		ŀ	Seventh Grade			
Two Year Olds	Second Grade					Eighth Grade		
Three Year Olds						Ninth Grade		
Four Year Olds			Grade			Tenth Grade		
Four Year (VPK - FL)		Fifth Grade			Eleventh Grade			
Tatal Manulage	1. •				l	Twelft	h Grade	
Note: Membership can be based on only Preschool ages , only K12 grades or both Preschool and K12				Additional Enro These numbers sho numbers	ould be included in		nal Students nent Students	
Payment Total: 1-25 Students: \$150 26-724 Students: \$6 per student 725+ students: \$4500 International: Flat Fee of \$150								
Annua	al membership 1	Term: July 1 through J	une 30 eacl	h year				
Payment Type: Check One Check		Check		Cred		: Card		
By enterning my signature, I acknowledge that the information presented above is true and accurate and that as an ACTS member school, we will abide by the ACTS Code of Ethics for Member Schools								

Mail completed form and fee to: ACTS, 911 S. Parsons Ave. Ste. G, Brandon, FL 33511 or Email to membership@actsschools.org