

# Accreditation Form

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Organization Name \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Administrator (Responsible Party) \_\_\_\_\_ Position/Title \_\_\_\_\_

## 1. Type of Business:

- Public School  Non-Public School  College-4yr, 2yr, Trade/Technical Institute, Graduate  
 Tutoring/Learning Agency  Preschool/Daycare

## 2. Accreditation Information:

- Accredited School (If checked, complete question 3)  Non-Accredited (If checked, complete question 4)

## 3. Organization Accredited by:

\_\_\_\_\_

## 4. Does the facility plan to seek accreditation? Yes, Complete lines 4a and 4b

- No, Complete lines 5 and 6 a-e

4a. Name of accrediting organization: \_\_\_\_\_

4b. Beginning date of accreditation process \_\_\_\_\_

## 5. Administrator Educational Background:

Bachelor's Degree: Year \_\_\_\_\_ Institution \_\_\_\_\_ Major \_\_\_\_\_

Master's Degree: Year \_\_\_\_\_ Institution \_\_\_\_\_ Major \_\_\_\_\_

Doctorate: Year \_\_\_\_\_ Institution \_\_\_\_\_ Major \_\_\_\_\_

Other: Year \_\_\_\_\_ Institution \_\_\_\_\_ Major \_\_\_\_\_

## 6. School Information:

6a. Curriculum Utilized:

\_\_\_\_\_

6b. Enrollment:

\_\_\_\_\_

6c. School Established:

\_\_\_\_\_

6d. Grade levels:

\_\_\_\_\_

6e. Current achievement test used:

\_\_\_\_\_

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## Your signature indicates acceptance of and compliance with the principles above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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