

ACCREDITATION APPLICATION FOR

CIRCLE THE ONE WHICH APPLYS TO YOU:

- PRESCHOOL ONLY
- PRESCHOOL THROUGH 8TH. OR 12TH. GRADE
- KINDERGARTEN THROUGH 8TH. OR 12TH. GRADE

Florida Council of Private Schools P.O. Box 182048
Casselberry, FL 32718 Ph 407-342-1563

Date_____

Name of School_____

Address_____

City_____State_____Zip_____

School phone (____)_____ Fax phone (____)_____

Email address_____ Website address_____

Areas seeking accreditation in: Circle all that apply:

_Preschool _5 year kindergarten through 8th. Grade _High School

OUR AGREEMENT

The Florida Council of Private Schools accredits educational institutions of excellence and integrity. Schools applying for membership agree to furnish documentation and to cooperate in peer review of their operations. Their administration also agrees to join in making Site visits to other schools at the request of FCPS.

The following signature of the administrator signifies the intention of the school to become a member of FCPS, and indicates agreement with the purpose and beliefs of the Florida Council of Private Schools.

Signature of Administrator/Principal _____

Print or type name please_____

THANK YOU FOR YOUR APPLICATION; PLEASE ENCLOSE THE \$75 APPLICATION FEE