



FLORIDA COUNCIL OF PRIVATE SCHOOLS

APPLICATION FOR ACCREDITATION

Check Your School Operation

_____ K5 - 8th _____ K5-12th

Date _____

School _____

Address _____

City _____ State _____ Zip _____

School phone (_____) _____ Fax (_____) _____

Email _____ Website _____

Seeking accreditation for: Check all that apply:

_____ K5-8th _____ K5-HS

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 occasional Site Visits to other schools at the request of FCPS.

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 _____

Printed _____

Remit with \$75 Application Fee to: FCPS, P.O. Box 50327, Ft. Myers, Fl. 33994