

GACS ACCREDITATION APPLICATION

Name of School: _____

Address: _____

Phone: _____ Official Email _____ Date Founded: _____

Pastor: _____ Administrator: _____

Name of Sponsoring Church (if applicable) _____

GACS Member Since _____

Present Enrollment: (Give enrollment number in each class. List all pre-school as K)

K 1 2 3 4 5 6 7 8 9 10 11 12

For which grades is your school applying for accreditation? (i.e.: K5-12; 1-12; 9-12, etc.)

Administrator:

Qualifications/Training: _____

Number of years as administrator at this school:

Facilities:

Are school classrooms adequate - i.e. size, lighting, ventilation? _____

Does the school have sufficient equipment for instruction - i.e. classroom furniture, chalkboards, A-V equipment and materials? _____

Do the facilities meet health standards? _____

Do the facilities meet safety and fire codes? _____

Transportation:

Does the school provide any bus (or van) transportation? _____

If so, are the buses (or vans) safe and properly maintained?

Do the drivers have the appropriate licenses and training?

Academics:

Is Bible taught as a regular and separate subject? _____

Briefly describe the school's curriculum - e.g., A Beka Book for K-6 and ACE for 7-12; mixture of BJU Press, A Beka Book, and self-developed materials, etc.

How many actual student classroom day/equivalent hours of instruction are scheduled in the school year?

Faculty:

Give the number of full-time faculty members at the school: Part-time:

How many of these teachers are currently certified by GACS? ___ out of ___

How many teachers currently hold Professional certification by GACS?

How many are not certified but are certifiable in accord with the GACS Professional Employee

Certification Program (See back section of Accreditation Manual)?

Is the school administrator(s) certified as an administrator by GACS?

Comments:

GACS Participation:

Please check the programs in which the school participates:

- GACS Christian Honor Society
- GACS Bible, Fine Arts and Academics Competition
- GCAA
- GACS Standardized Achievement Testing Program
- GACS Conventions/Seminars

Include the following information:

1. Any manuals that are presently available - i.e. faculty, student, administrative, academic
2. Current budget and financial statement
3. Class schedule
4. School Calendar
5. Recommendations regarding the testimony of the school from the following:
 - a. Two parents
 - b. One businessman who services or supplies the school

Time Goals:

Date manuals should be completed:

Date self-study and evaluation forms should be completed:

Date school will be ready for a team evaluation:

| | |
|---|------|
| Signature of Pastor (for church affiliated schools) | Date |
| Signature of School Administrator | Date |

Please return **with application fee of \$400.00 (non-fundable)** to:

Georgia Association of Christian Schools
157 Holly Hills Drive
Athens, GA 30606

Has \$400.00 application fee been enclosed? Yes