



157 Holly Hills Drive
Athens, GA 30606

FULLY ACCREDITED SCHOOL ANNUAL REPORT

Instructions:

1. This Annual Report is to include information about the **2017-2018** school year. (In many cases, the academic year ends in May or June, but the fiscal year may not end until later.)
2. The Annual Report Fee is **\$125**. Please attach a check in that amount payable to the Georgia Association of Christian Schools. If postmarked after there will be a \$25 fee.
3. Please complete this form **and the Annual Faculty Report** and return it by **June 30, 2018** to the Georgia Association of Christian Schools office (*address on letterhead or electronically send to mike@gacs.org*).

Date _____ Accreditation Expiration Date _____

School Name _____

School Address _____

Phone Number _____

Official Email Address _____

Name of School Administrator _____

Name of Sponsoring Ministry (if any) _____

Name of Pastor (or head of sponsoring ministry) _____

Grades Accredited _____

Enrollment Information

Number of Days in School Year (Actual Student Attendance Days) _____

Enrollment by grade level (as of **August 31** of the just completed school year)

K 3....._____

K 4....._____

K 5....._____

Grade 1....._____

Grade 7....._____

Grade 2....._____

Grade 8....._____

Grade 3....._____

Grade 9....._____

Grade 4....._____

Grade 10....._____

Grade 5....._____

Grade 11....._____

Grade 6....._____

Grade 12....._____

Ungraded Elementary _____

Ungraded Secondary....._____

TOTAL ENROLLMENT (as of the two dates of the just completed school year)

August 31, 2017 _____

May 1, 2018 _____

STAFF INFORMATION

Has there been a change in the leadership of the school (administrator or principal levels) since the last annual report? _____

If so, please give the title(s) and name(s) of the former and present administrator(s) or principal(s).
(Former) _____
(Present) _____

E-mail address for new administrator _____

Has the pastor or head of the sponsoring ministry changed since the last annual report? _____

If so, please give the names of the former and present pastor or head of the sponsoring ministry:
(Former) _____
(Present) _____

E-mail address for new pastor _____

Has any change in administrative position(s) or head of the sponsoring ministry brought about any change in the overall philosophy or program of the school? _____ If so, please explain (use a separate sheet for this information).

Does the current administrator have a master's degree in educational administration or leadership? Yes No

If no, is he or she currently enrolled in a program leading to the required master's? Yes No

If yes, is he or she actively pursuing the degree by taking classes on a regular basis? Yes No

If yes, please submit to the GACS office an *official* copy of a current transcript of the master's degree work.

List the total number of school administrative and teaching staff members, not including service personnel (secretaries, receptionists, bus drivers, maintenance staff, kitchen staff, etc.)

Full-time _____ Part-time _____

List new professional staff members hired during the last school year: 1) List the employee's name; 2) List grades or subjects taught or position filled; 3) List the academic degree(s) earned; 4) List whether full-time (FT) or part-time (PT); 5) List a brief reason for employment (e.g. growth in the student body, creation of a new program, previous teacher left, etc.). Attach an additional sheet if more space is needed.

Name	Grade/ Subject	Degrees	FT/PT	Reason
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have all new teachers been certified by GACS? Yes No

Are they all teaching in either their major or minor fields? Yes No

If answer to either is no, please explain:

Have any of your teachers/administrators GACS certification expired? Yes No

Please list those whose certification has expired:

(Please note: It is necessary that all new professional staff members be **certified immediately** by GACS and teaching in field **in order for the school to continue its accredited status**. If there are any new staff members who do not meet these qualifications, please notify the GACS office immediately to discuss your plans to proceed with certification in field of new administrator, principal, and/or teachers).

What was the percentage of turnover of professional staff members during the past school year? This is personnel that did not return for the **2017-2018** year. (Total new staff members who replaced previous staff members divided by total professional staff members. Do not count added staff members in this ratio, because they are not considered as a percentage in the amount of turnover.)

_____ %

FINANCIAL INFORMATION (As of May 31, 2018)

School Year Total Income _____

School Year Total Expenses _____

If expenses exceeded income, describe the plans and programs initiated to care for the deficit and to prevent a similar occurrence in future years:

(Attach an additional sheet if more space is needed)

Has your school had a profit and loss statement, financial review, or audit by a qualified person who is not employed by the school during the past school year? _____

Each accredited school is strongly encouraged to have a Full Audit or financial review with opinion at least once during its five-year accreditation term.

IMPROVEMENTS TO YOUR PROGRAM

If, on your accreditation report, GACS recommended that improvements be made, list below what actions have been taken during the just completed school year to implement these recommendations. Also, list any improvements made based upon recommendations of other consultants. List improvements made as a result of “in house” discussions and studies. (Please designate the type of recommendation in each category. (i.e. GACS, other consultant, in house.) If other consultants are listed, please give name of each consultant.). (You will need to refer to your school’s most recent GACS Accreditation Report to complete this part of the annual report.)

ATTACH AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

CUT-OFF BIRTH DATE FOR SCHOOL ENTRANCE:

As part of the Georgia Board of Education approval of the Georgia Private School Accreditation Council (GAPSAC), to which GACS belongs, GAPSAC agreed to comply with a cut-off date on or before **September 1** for K5 and first grade students. If your school has a problem with such a change, please notify the GACS office immediately.

What is the current cut-off date for K5 and first grade students at your school? _____

The following section is to be completed only by schools that have added one or more grades since the school has been accredited:

If your school has added one or more grades since the last annual report was submitted, please list which grade(s) has (have) been added. _____

Have the teachers for these grades been certified by GACS? _____ If “No” please give the reason.

If you desire to have a new accreditation certificate, listing all grades that are now offered by your school, please send a check for \$15.00 to GACS to cover this cost. List the grades that should be included on the new certificate. _____

Please note that it is necessary for the teachers of any new grades or newly hired to be certified in order to retain GACS accreditation.

Signature: _____ Date: _____