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| ANSAALogo_Color copy (002) **ARKANSAS NONPUBLIC SCHOOL ACCREDITING ASSOCIATION, INC.**  2209 South 18th Place ♦ Rogers, AR 72758  Phone (479) 246-0032 ♦ Fax (479) 246-0032 |

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| An ANSAA Non-Accredited Associate Member School that has met the requirements for initial accreditation, as outlined in the ANSAA Policy Manual 2020 Edition (pg. 10), may formally apply for initial accreditation. The school must meet all ANSAA mandatory standards and have a qualified chief executive officer or educational administrator who has served as the school’s chief administrator for one year prior to making application. The ANSAA Executive Director will determine when the school is ready to be presented to the ANSAA Board of Directors as a Candidate School. At that time, the school will submit the Application for Initial Accreditation.  If the school is applying for dual accreditation, the self-study instrument or school improvement plan of the dual accrediting agency must be approved by the ANSAA Executive Director prior to starting the accreditation process. ANSAA will work with the approved accrediting association and the school to determine if any additional documentation is needed to validate the ANSAA Standards.    An initial filing fee of $100 and the accreditation application form must be sent to the ANSAA Executive Director at the address listed above. |

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| Current School Year |  |
| Date |  |
| School Name |  |
| Address |  |
| City / Zip |  |
| Telephone & Fax Numbers |  |
| Chief Administrator & Title |  |
| Chief Administrator E-mail Address |  |
| Year school was founded |  |
| Church affiliation (if applicable) |  |
| Number of years in ANSAA Association |  |
| School accreditation other than ANSAA |  |
|  | |
| **Indicate Accreditation Preference** | |
| Self-study; Name Instrument |  |
| If Applying for Dual Accreditation, Name the Accrediting Agency |  |
| *The signature of the administrator below verifies understanding that the school will pay all costs associated with the site visit. Include a $100 filing fee (checks payable to ANSAA).* | |

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| Administrator’s Signature |  | Date |  |