



ACCREDITING COUNCIL FOR INDEPENDENT CHRISTIAN SCHOOLS, COLLEGES AND UNIVERSITIES

Accreditation Application



ACCREDITING COUNCIL FOR INDEPENDENT CHRISTIAN SCHOOLS, COLLEGES AND UNIVERSITIES is an accrediting institution with the purpose to be an external nonpartisan organization that evaluates schools, colleges and universities and stipulates that “The institution stands firmly on what it says it will do,”

ACFICSCU does not and will not employ any authority or control over participating schools, rather it simply substantiates that accredited school meet unquestionable basic standards and that they impart the services that they have pledged.

With the guidance of ACFICSCU, your school can enthusiastically tell prospective school parents that “Yes, we are fully accredited” and know that you did not compromise or give up any control of your program and or curriculum to achieve that accreditation.

ACFICSCU is an organization that happily grants accreditation to qualifying schools using Christian curriculum.

Please read through this application and fill it out completely to begin the accreditation process. Once this application has been reviewed, an onsite visit will be scheduled with one of our delegates to complete the process.

Every Member School and Accredited School must subscribe to the following in faith and practice.

1. God is the eternal Creator, Sustainer, and Provider of all things. He created the universe, man and all things in it.
2. Jesus Christ is the only-begotten, virgin-born Son of God; He lived a sinless life, shed His blood for our sins, rose from the grave, ascended into heaven, and will return to the earth. He is the Lord and only Mediator between us and The Father. He is our Savior.
3. The Holy Spirit convicts of sin, righteousness and judgment; in believers He affects the new birth, indwells, fills, empowers, instructs and guides. Salvation is God’s Grace received through personal faith in the Lord Jesus Christ.
4. All men will be resurrected in the body; the saved unto life; and the lost unto damnation.
5. Believers have spiritual unity in the Lord Jesus Christ.
6. The Bible is the inspired, only infallible, authoritative preserved Word of God.

General Information:

Name of School: _____

Street Address: _____

City / State / Zip: _____

Telephone(s): _____ Fax: _____

Email: _____

Website: _____

Year Founded: _____

Is the school a ministry of a church: YES _____ NO _____

Name of Church: _____

Street Address: _____

City / State / Zip: _____

Telephone(s): _____ Fax: _____

Church Email: _____

Church Website: _____

Does the school provide transportation for any students: YES _____ NO _____

Is enrollment restricted; i.e. to church member families, denomination: YES _____ NO _____
(If yes, please explain)

Academic Program:

The school has a written statement of its mission and objectives based on the Word of God which outlines the expectations for student learning and spiritual growth: YES _____ NO _____

The school has a written Parent/Guardians Handbook: YES _____ NO _____

The school has a written Student Handbook: YES _____ NO _____

The school has a printed brochure(s): YES _____ NO _____

Years in operation: _____ Grade Levels: _____ Enrollment: _____

By Grades: Preschool _____ Kindergarten _____ 1-6 _____ 7-9 _____ 10-12 _____

Curriculum/Program: _____

Other Curriculum: _____

Classes Begin: ___/___/___ Classes end: ___/___/___ Total Days: ___/___/___

Parent Orientation: ___/___/___ Student Orientation: ___/___/___

Graduation Date: ___/___/___ Summer School: _____

Achievement Tests: _____

Diagnostic Tests: _____

Credits for Graduation: _____

Math _____ English _____ Science _____ PE _____

Social Studies _____ Languages _____ Electives _____

The school maintains permanent cumulative records for each child in a fireproof filing: cabinet, or has backup records maintained at a different location YES _____ NO _____

The school maintains current records of attendance; spiritual, physical, social, and emotional growth; birth, immunization, and physical exams YES _____ NO _____

The School has an established policy and procedure for the disposition of: cumulative and other student records in the event of closure YES _____ NO _____

The school adheres to all federal/state/local requirements for health and safety:

YES _____ NO _____

Staff Information:

Please note that all school staff members are required to have had a background check and been fingerprinted. If this is not the case, it must be accomplished prior to the Field Visit by our representative — accreditation cannot otherwise be granted.

All staff have had background check and fingerprints: YES _____ NO _____

Principal: _____ Degree: _____

School: _____ Year: _____

Secretary: _____ Since: _____

Number of: Teacher/Supervisors _____ Administrators _____
 Office Workers _____ Others _____

Teachers / Supervisors: (use reverse side if needed)

- 1. _____ Years: _____ Degree: _____ YES _____ NO _____
- 2. _____ Years: _____ Degree: _____ YES _____ NO _____
- 3. _____ Years: _____ Degree: _____ YES _____ NO _____
- 4. _____ Years: _____ Degree: _____ YES _____ NO _____
- 5. _____ Years: _____ Degree: _____ YES _____ NO _____
- 6. _____ Years: _____ Degree: _____ YES _____ NO _____
- 7. _____ Years: _____ Degree: _____ YES _____ NO _____
- 8. _____ Years: _____ Degree: _____ YES _____ NO _____

Staff Training:

Convention: Group _____ Frequency _____

Onsite: Type _____ Frequency _____

Special Information:

Please provide any additional information that ACFICSCU should be aware of in considering your school's application for accreditation not covered herein. Use additional pages if needed.

All of the foregoing information regarding our school, staff and academic program is complete and correct, and we request that ACCREDITING COUNCIL FOR INDEPENDENT CHRISTIAN SCHOOLS, COLLEGES AND UNIVERSITIES grant us full accreditation. I understand that a visit by an ACFICSCU Representative is required before a Certificate of Accreditation can be issued.

NAME *(Please Print)*

TITLE *(Please Print)*

SIGNATURE

DATE

Please send this Application Form with applicable fees to:

ACCREDITING COUNCIL FOR INDEPENDENT
CHRISTIAN SCHOOLS, COLLEGES AND UNIVERSITIES
P.O.Box 521494 Miami Florida 33152 U.S.A.

You will be contacted to schedule a visit where necessary. If you have any questions, please call our offices at 772-323-0351 or email us at: administration@accreditingcouncil.com
