

ACCREDITING COUNCIL FOR INDEPENDENT CHRISTIAN SCHOOLS, COLLEGES AND UNIVERSITIES

Accreditation Renewal Application

			Date:	
School Name: _				
State:			Zip:	
Telephone:				
School Adminis	trator:		Title:	
Type of School	Curriculum:			
School e-mail: _				
Web Address: _				
Years in Existen	ce:			
Enrollment	lents do you have in eac			
Preschool	Kindergarten	1-6	7-9	10-12

_	ficant Changes: e briefly note any significant changes since	the last accreditation visit.			
to the	Member School and Accredited School me following in faith and practice.				
1.	man and all things in it.	d Provider of all things. He created theuniverse,			
2.					
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.	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, a	uthoritative preserved Word of God.			
COUN renew	the foregoing information is complete and NCIL FOR INDEPENDENT CHRISTIAN SCHOOWAIL of our Accreditation. I understand that a red before a new Certificate can be issued.	LS, COLLEGES AND UNIVERSITIES grant us			
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 by an ACFICSCU representative to schedule a visit. If you need further information, please call our offices at (772) 323-0351or email us at: administration@accreditingcouncil.com

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