



Florida Coalition of Christian Private Schools Accreditation



Private School Accreditation Application Renewal 2023-2024 School Year

This is the Non-Site Visit Accreditation Renewal Application

Private Schools that are currently accredited with the FCCPSA, and do NOT require a site visit during the 2023-2024 academic school year.

Part A: Contact Information

School Name: _____

State of Florida Number: _____ Number of enrolled Students: _____

Web Site URL: _____

Physical Address: _____

City: _____ Zip: _____ County: _____

Mailing Address: (if different) _____

City: _____ State: _____ Zip: _____ County: _____

Office E-Mail: _____ Email Contact Person: _____

Office Phone: _____ Office Fax: _____

Name(s) of any other agencies with which you are registered: _____

Part B: Administrative Contact Information:

Administrator: _____

Cell Phone: _____ E-Mail: _____

Additional Contact (Name/Position): _____

Cell Phone: _____ E-Mail: _____

Part C: Accreditation Process:

For the 2023-2024 school year, and if **there has not been** a change in administrator, campus facilities or program type, then the school is a ***Non-Site Visit Renewal*** institution for the 2023-2024 academic school year.

If the school has had a Major Change since the last site visit, please indicate the change below, so the appropriate inspection can be scheduled.

____ Curriculum	____ Emphasis or Philosophy
____ Physical Campus	____ Program (Addition/Deletion of Grades, Program Type, Etc.)
____ School Head	____ School Location
____ School Name	____ School Ownership

____ **Non-Site Visit for 2023-2024: \$700:** The renewal fee and Annual Report is due no later than two weeks prior to the first day of your anniversary month. (All accreditation terms end in the Fall which ends on December 31st, or Spring which ends on June 30th each year.)

Part D: Please enclose a copy of the following items: (Or email a PDF version to the FCCPSA office.)

____ School Brochure ____ School Philosophy, including a Statement of Faith

Part E: Signature and Fees:

Please return this completed form with your Non-Site Visit, payment and the required items from section D.

Total Amount Enclosed: \$ _____ (Make check payable to FCCPSA.)

Signed: _____ Date: _____

Please return this signed form with your payment to:

FCCPSA
P.O. Box 5100
Deltona, FL 32728-5100

If you have any questions, please call or email:
Joe Gibilisco, President
(386) 218-5310
joe.gibilisco@fccpsa.org