



# Florida Coalition of Christian Private Schools Accreditation

2023-2024 PRIVATE SCHOOL ANNUAL REPORT

This report is Due on or Before 10-29-2024.

## Part A: Contact Information:

\_\_\_\_\_ The School Contact Information (address, email, phone etc.) is the same as on the 2023-2024 Membership Application.

\_\_\_\_\_ The School Contact Information has changed and an updated 2022-2023 Membership Application has been previously submitted or is included with this Annual Report.

## Part B: Incorporation and Campus Type:

\_\_\_\_\_ The Incorporation Type and the Educational Programs offered are the same as on the 2023-2024 Membership Application.

\_\_\_\_\_ The Incorporation Type and or the Educational Programs offered have changed and an updated 2023-2024 Membership Application has been previously submitted or is included with this Annual Report.

## Part C: Administrative Contact Information:

\_\_\_\_\_ The Administrative Contact Information is the same as on the 2023-2024 Membership Application.

\_\_\_\_\_ The Administrative Contact Information has changed and an updated 2023-2024 Membership Application has been previously submitted or is included with this Annual Report.

**NOTE: For any changes noted above provide details of the changes on the last page of this report.**

## Part D: Program Details:

1) Grades/Levels served by the school: \_\_\_\_\_

2) Academic Days in the School Year: \_\_\_\_\_ (If less than 180, provide details in the Narrative, of how the standard of 900 seat hours of instruction for high school students is accomplished.)

3) Does any other credible organization or association accredit you? \_\_\_\_ Yes \_\_\_\_ No  
If yes, list these organizations and dates of accreditation.

4) List all programs that the school has entered into a matriculation agreement with i.e. Florida State or Community Colleges, Co-op classroom programs, etc.

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5) How many students graduated from the highest-grade level during the last school year? \_\_\_\_\_

5A) If grade 12, how many applied to enter college? \_\_\_\_\_ How many were accepted? \_\_\_\_\_

6) Does the school accept VPK? \_\_\_\_ Yes \_\_\_\_ No

6A) If yes, how many students were enrolled for the 2023-2024 school term? \_\_\_\_\_

7) What was the total enrollment K-12 for the 2023-2024 school term? \_\_\_\_\_

Scholarships Accepted (Funded through SUFS or AAA)

8) Does the school accept the Florida Tax Scholarship (FTC)? \_\_\_\_ Yes \_\_\_\_ No

8A) If yes, how many students were enrolled for the 2023-2024 school term? \_\_\_\_\_

9) Does the school accept the Family Empowerment Scholarship for Students Educational Opportunities Scholarship (FES-EO)? \_\_\_\_ Yes \_\_\_\_ No

9A) If yes, how many students were enrolled for the 2023-2024 school term? \_\_\_\_\_

10) Does the school accept the Family Empowerment Scholarship with Unique Abilities Scholarship (FES-UA)? \_\_\_\_ Yes \_\_\_\_ No

10A) If yes, how many students were enrolled for the 2023-2024 school term? \_\_\_\_\_

10B) If yes, describe the level of services available to students with an Unique Abilities in the Narrative.

11) Does the school accept the HOPE Scholarship? \_\_\_\_ Yes \_\_\_\_ No

10A) If yes, how many students were enrolled for the 2023-2024 school term? \_\_\_\_\_

12) If yes to #8, 9 and 11 above, describe the level of services available to students who may not have the proper phonics/reading foundation or other academic foundation necessary to thrive academically in your school program.

13) If yes to #10 above describe the level of services available to students who may have an IEP, 504 plan and or learning challenges.

Student Enrollment Statistics				
Please enter number of students in each section.				
Infants to 2 Yrs: ____	Preschool 2: ____	Preschool 3: ____	PreK: ____	<b>Total # of Early Childhood Learners: _____</b>
Kindergarten: ____	Grades 1-5: ____	Grades 6-8: ____	Grades 9-12: ____	<b>Total # of students in K and above: _____</b>
			Ungraded Students: _____ Ages 5 and above only	<b>Total # of All Students: _____</b>

**Full-Time Campus Based Programs Only:**

- 11) Is the school a member of FHSAA? \_\_\_\_ Member \_\_\_\_ Associate Member \_\_\_\_ NA
- 12) Is the school approved by the DHS to accept I-20 Students? \_\_\_\_ Yes \_\_\_\_ No  
DHS = United States Department of Homeland Security

**Blended Programs Only:**

For programs that are not full-time campus based, combining any of the Following: Campus Classes, Virtual Classes and Home Instruction.

- 13) Is the school a member of FHSAA? \_\_\_\_ Member \_\_\_\_ Associate Member \_\_\_\_ NA

14) Required attendance days for students who utilize a campus option. \_\_\_\_\_

15) Required login times or days for students who utilize a virtual option. \_\_\_\_\_

16) Describe attendance verification procedure for Home-Based Instruction. \_\_\_\_\_

**Note:** Provide a list in the narrative of approved curriculum matched to course title for Home-Based Instruction.

17) What percentage of students attend at least one class on site, or virtually under the direct supervision

of school staff. \_\_\_\_\_

**Part E: Staff Statistics:**

18) Number of Full-Time Instructional Staff: \_\_\_\_\_

19) Number of Part-Time Instructional Staff: \_\_\_\_\_

20) Number of Para-Professionals on Staff: \_\_\_\_\_

21) Number of Non-Instructional Staff that have regular and direct contact with students: \_\_\_\_\_

Note: *If the school accepts any state scholarship all staff that have contact with students must have VECHS background screening every five years.*

**Part F: Normed Referenced Testing:**

All schools are required to have a quality-testing program. For schools that accept the Florida Corporate Tax Scholarship, those students must be tested using a test approved by the Florida Department of Education.

Name of Test	Grades Levels	Date(s) Given in 2023-2024
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Part G: Narrative:**

If needed additional comments or details to the questions above should be included as **Attachment G: Narrative**

**Part H: School Continuous Improvement Plan:**

Label the School Improvement Plan as **Attachment H: School Improvement Plan**

The FCCPSA Standards for Accreditation require that each school provide details regarding the implementation of their School Improvement Plan, including enhancements and/or corrections, recommended during the most recent FCCPSA inspection. Please discuss areas of improvement that the school has made during the last twelve months, including any areas that were needed improvement on the Site Readiness Report. Supporting documentation should be converted to pdf format and uploaded to the Site Visit Team leader.

## Major Change Updates

Provide updates for any changes to the schools contact information, location and or administrative team, from sections A – C on page one.

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## Certification

Name of School: \_\_\_\_\_

*I, the Head of School of the above-named school, certify that, to the best of my knowledge, the information provided in this FCCPSA Annual Report is true and correct.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this signed form to:  
FCCPSA  
P.O. Box 5100  
Deltona, FL 32728-5100

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

Due no later than **October 29, 2024**

Revised 6-24-2024.