



Private School Accreditation Application 2016-2017 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 2016-2017 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:

If the school had a site visit in 2013 / 2014 or after, and **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 2016-2017 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 2016-2017 \$600:** The renewal fee and Annual Report is due no later than two weeks prior to the first day of your anniversary month

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