



FCCPSA

Florida Coalition of Christian Private Schools Accreditation

Private School Accreditation Application Renewal 2025-2026 School Year

Fall Accreditation Term Ends December 31, 2025

This is the Non-Site Visit Accreditation Renewal Application

This form is for Private Schools that are currently accredited with the FCCPSA, and do NOT require a site visit during the 2025-2026 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 2025-2026 school year, and if **there has not been** a change in administrator, campus facilities or program type, **and the school is not due for the Accreditation Renewal** then the school is a **Non-Site Visit Renewal** institution for the 2025-2026 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 2025-2026:**

\$700: The renewal fee **is due December 1st**, to ensure processing before the accreditation expires on December 31st. Late fees and possible loss of accreditation apply if payment is not received and processed before the term expires.

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