



FCCPSA

Florida Coalition of Christian Private Schools Accreditation

Private School Accreditation Application Renewal 2025-2026 School Year

Spring Accreditation Term End June 30, 2026

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 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 June 1st**, to ensure processing before the accreditation expires on June 30th. 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