



FCCPSA

Florida Coalition of Christian Private Schools Accreditation

2024-2025 PRIVATE SCHOOL ANNUAL REPORT

This report is Due on or Before 10-29-2025.

Part A: Contact Information:

_____ The School Contact Information (address, email, phone etc.) is the same as on the 2024-2025 Membership Application.

_____ The School Contact Information has changed and an updated 2024-2025 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 2024-2025 Membership Application.

_____ The Incorporation Type and or the Educational Programs offered have changed and an updated 2024-2025 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 2024-2025 Membership Application.

_____ The Administrative Contact Information has changed and an updated 2024-2025 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.

2024-2025 PRIVATE SCHOOL ANNUAL REPORT (page 2)

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 2024-2025 school term? _____

7) What was the total enrollment K-12 for the 2024-2025 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 2024-2025 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 2024-2025 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 2024-2025 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 2024-2025 school term? _____

12) Does the school serve (i.e. provide classes for) students on the PEP Scholarship? ____ Yes ____ No

10A) If yes, how many students were enrolled for the 2024-2025 school term? _____

13) If yes to #8, 9, 11 and or 12 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.

14) 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: ____	Total # of Early Childhood Learners: _____
Kindergarten: ____	Grades 1-5: ____	Grades 6-8: ____	Grades 9-12: ____	Total # of students in K and above: _____
			Ungraded Students: _____ Ages 5 and above only	Total # of All Students: _____

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 2024-2025
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

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, 2025**

Revised 8-21-2025.