FCCPSA

Florida Coalition of Christian Private Schools Accreditation

Private School Accreditation Application Renewal 2026-2027 School Year

Fall Accreditation Term Ends June 30, 2027

This is the Non-Site Visit Accreditation Renewal Application

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 affiliated with: _____

_____

Part B: Administrative Contact Information:

Administrator: _____

Cell Phone: _____ E-Mail: _____

Additional Contact (Name/Position): _____

Cell Phone: _____ E-Mail: _____

Part C: Note Major Change

Your school is eligible for Non-Site Visit Renewal for the 2026–2027 school year provided there have been no significant changes in administration, campus facilities, or program type, and your school is not due for Accreditation Renewal. If your school has experienced a major change, FCCPSA may require an in-person inspection at an additional cost. https://fccpsa.org/fees/

____ We've had no major changes.

_____We have 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

Part D: Site Visit Team Member

During each non-site-visit year, accredited schools are required to provide a team member to serve on another school's accreditation site visit at least once every two years. Please list the name and contact information of at least one qualified representative. At least once every five years, the representative must be the Head of School.

Name: _____

Cell Phone: _____ E-Mail: _____

Additional Contact (Name/Position): _____

Cell Phone: _____ E-Mail: _____

_____ Non-Site Visit for 2026-2027: $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.

Signature and Fees: *Please return this completed form with your Non-Site Visit payment of $700.*

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

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