

Application for Accreditation: Iowa Non-Public Schools

Date of Application: _____

Name of School: _____

Address: _____

E-mail Address: _____

Phone: _____

Name of Licensed Administrator: _____

Contact Person for this Application: _____

Address: _____

Telephone: _____

Email: _____

Board President: _____

Address: _____

Telephone: _____

Email: _____

Seeking Accreditation for the following (Check One):

Pre-K	<input type="checkbox"/>
Pre-K-6	<input type="checkbox"/>
Pre-K-8	<input type="checkbox"/>
Pre-K-12	<input type="checkbox"/>
K	<input type="checkbox"/>
K-3	<input type="checkbox"/>
K-6	<input type="checkbox"/>
K-8	<input type="checkbox"/>
1-6	<input type="checkbox"/>
9-12	<input type="checkbox"/>
Other	<input type="checkbox"/>

281—IAC 12.1(3) *Application for accreditation.*

The board of any school that is not accredited and which seeks accreditation shall file an application with the Director, Iowa Department of Education, on or before the first day of January of the school year preceding the school year for which accreditation is sought.

I certify that the above information is complete and true to the best of my belief.

Signature of School Board President

Date