

**APPLICATION FORM
NATIONAL LUTHERAN SCHOOL ACCREDITATION**

School : _____ LCMS District: _____

Address: _____ City: _____ State: _____ ZIP: _____

School Administrator: _____ Administrator School E-mail _____

School Telephone: _____ Church Telephone: _____

Sponsoring Congregation(s): (If more than two(2), please attach a complete list)

Congregation 1: _____ Congregation 2: _____

Address: _____ Address: _____

Pastor(s): _____ Pastor(s): _____

If a congregation is of a church body other than the LCMS: Please identify: _____

Underline or Circle **grade/age levels** included in this school: age 3 age 4 K 1 2 3 4 5 6 7 8 9 10 11 12

For above noted grade/age levels: Number of Teachers: _____ Number of Students: _____

Number of children in **full-time child care**: _____ Number of children in **extended** (before/after school) **care**: _____

Date intending to begin the self-study (accreditation) process: _____ Date projected for site visit: _____

The site visit cannot occur earlier than 9 months or later than three years from date of application.

Application Process (See Policy Manual for Appropriate Process)

____ Initial NLSA Accreditation (Standards Based Process) ____ Initial Accreditation – OI Process with regional certification
____ Regional Process plus NLSA "Guide for Evaluating the" Supplement Note: Which one and date accredited.
____ Phase II (Standards Based Process) ____ Phase II – Ongoing Improvement Process
____ Phase III (Standards Based Process) ____ Phase III - Ongoing Improvement Process
____ Phase _____ if this is more than the 3rd accreditation process Which process? _____

Other accreditation sought in addition to NLSA:

____ State: _____ ____ NAEYC (Early Childhood only)
____ Regional: ____ WASC ____ NCA ____ SACS ____ Middle States ____ Northwest ____ New England
____ Other: _____

Signatures

School Administrator _____ Date: _____

School Board Chairperson _____ Date: _____

Pastor/ Pastoral Advisor _____ Date: _____

District Education Executive _____ Date: _____

District NLSA Commission approves school's choice of self-study process. ____ Yes ____ No

District NLSA Commission Consultant Suggestion

Name: _____ School: _____ City: _____

Send: Two(2) copies of completed form and \$300 application fee (National Lutheran School Accreditation)

To: Your District Education Executive for signatures and submission to NLSA office

Check with your district office for number of additional copies they want and if there is an additional fee for them.

Districts send the above items to: NLSA – School Ministry – 1333 S Kirkwood – St. Louis MO 63122-7295

Phone: 314-996-1294 Fax: 314-996-1124 Email: terry.schmidt@lcms.org Website: http://dcs.lcms.org/school