**Accrediting Commission for Schools  
Western Association of Schools and Colleges**



ACS WASC APPLICATION

SCHOOL INFORMATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | Date Submitted: | | | | | | | | |  | | |
| School Name: |  | | | | | | | | | | | | | |
| Site Address: |  | | | |  | | | | |  | | |  | |
|  | Number and Street | | | | City | | | | | State | | | Zip Code | |
| Mailing Address  *(if different)*: |  | | | |  | | | | |  | | |  | |
|  | Number and Street | | | | City | | | | | | State | | Zip Code | |
| School Phone: |  | | | School Email: | | | | |  | | | | | |
| School Website: |  | | | | | | | | | | | | | |
| Principal: |  | | | | | | |  | | | | | | |
|  | Name | | | | | | | Title | | |  | | |
|  |  | | | | | |  | | | | | |  | |
|  | Email | | | | | | Work Phone and ext. | | | | | | Alt/Cell Phone | |
| District or Headquarters Contact and Address: |  | | | | |  | | | | |  | | | |
|  | Name | | | | | Title | | | | | Email | | | |
|  |  | | | |  | | | | |  | | |  | |
|  | Number and Street | | | | City | | | | | State | | | Zip Code | |

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| **Indicate requested time for scheduling an initial visit*:***   |  |  |  |  | | --- | --- | --- | --- | |  | **Fall 2020** | **Spring 2021** | **Fall 2021** | | **ATTACH $160.00 NONREFUNDABLE APPLICATION FEE TO THE COMPLETED FORM** | | | | |

**ACS WASC Eligibility Guidelines**

* **All public and private schools must meet the legal requirements of the jurisdiction in which they are located in order for their request for ACS WASC affiliation to be considered.** *California schools must list with the California Department of Education submitting an affidavit indicating compliance with the Education Code. Schools located outside of California must meet local authorizing jurisdiction requirements.*
* **All schools must meet the conditions of eligibility to be considered for ACS WASC affiliation.** Please review the [Conditions of Eligibility](http://www.acswasc.org/wp-content/uploads/2015/03/ACS-WASC-Conditions-of-Eligibility.pdf) on the ACS WASC website.

**Note:** ACS WASC does not accredit programs or divisions within a school, nor does ACS WASC accredit for-profit or online postsecondary schools.

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| School Category (select only one): **Public School** (non-charter)  **Charter School**: include Charter School Number**IMPORTANT:** School Charter must accompany this application.  **Private Independent School**  **Religious School**: Include denomination  **Postsecondary School** (non-profit only)  **Supplementary Education Program** (CDS code not required) California Schools (required): CDS Code |

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**Barry R. Groves, President | Marilyn S. George, Executive Vice President**

**ACS WASC |** 533 Airport Boulevard, Suite 200, Burlingame, CA 94010 **|** mail@acswasc.org **|** (650) 696-1060

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| **School Type** *(check ALL that apply):* | |
| Community Day School  Comprehensive School  Continuation School  Independent Study School  Juvenile Court and Community School  **Postsecondary Schools:** | Necessary Small High School  Online School  Special Education  Other *(Specify)* |
| Adult Institution  Adult School  ROP or ROCP | |

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| **Joint Affiliation** *(Check the affiliation(s) that school is either accredited by or is currently seeking joint accreditation):* | |
| American Montessori Society  Association of Christian Schools International  Association of Christian Teachers and Schools  Association of Waldorf Schools of North America  Bureau of Jewish Education Golden State  California Charter School Association  California Association of Independent Schools | Christian Schools International  Council on Occupational Education  Hawaii Association of Independent Schools  National Independent Private Schools Association (NIPSA)  National Lutheran Schools Accreditation, Missouri Synod  Pacific Union Conference of Seventh-day Adventists  Western Catholic Educational Association  Other *(Specify)*: |

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| **Additional School Information**  **Enrollment**:  **Grade Span to be Accredited**:        –       **Age of Student Population**:        –  **Year school first opened**:  ***Does your school have plans to add grades or special programs in the near future?***  Yes  No  **If Yes, please describe**.  ***Does the school have more than one campus?***  Yes  No  **If Yes, attach a list of all campus/site names, addresses, and phone numbers to this form**.  **Has the school previously been accredited by ACS WASC or applied for ACS WASC accreditation?** Yes  No  **Who should be billed for ACS WASC services?**   District/Headquarters  School  Corporate Center Billing address if different from information on cover page: |

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| **Online Curriculum**  If any portion of the school’s curriculum is delivered online, indicate what percentage of coursework is offered online      % and the percentage of students utilizing the online system      %.  Provide details of online coursework offered: |

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| **School Description** *(Provide a concise narrative that describes the school, include student populations, curricular program, any unique factors, etc.)* |
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**PLEASE READ BEFORE SUBMITTING:**

* The non-refundable application fee of $160.00 must be sent with the completed Affiliation Request in order to be processed. Payments may be made by check or [PayPal](http://www.acswasc.org/wp-content/uploads/2015/03/ACS-WASC-PayPal-Instructions.pdf), please see the [Beginning the Accreditation Process](http://www.acswasc.org/about-accreditation/getting-started-with-accreditation/) page on the ACS WASC website for more information.
* Visit the ACS WASC website at [www.acswasc.org](http://www.acswasc.org) to review the conditions of eligibility and other initial visit information.
* Review the [ACS WASC Anti-Discrimination Policies and Procedures and Whistleblower Protection Policy](http://www.acswasc.org/wp-content/uploads/2014/12/ACS-WASC-Anti-Discrimination-Policies-and-Procedures-and-Whistleblower-Protection-Policy.pdf).

**I have reviewed the conditions of eligibility and this school meets the requirements for ACS WASC accreditation.**

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| **Name:** |  | **Title:** |  | **Date:** |  |

**Directions for submission:**

Submit the affiliation request using the Document Upload link on the top navigation of the ACS WASC website: [**www.acswasc.org/document-upload/**](http://www.acswasc.org/document-upload/). Select Affiliation Request from the School Documents drop-down list.