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



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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

ACS WASC DISTRICT ACCREDITATION REQUEST FOR CALIFORNIA PUBLIC SCHOOL DISTRICTS

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

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

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| **District Information**  **District Enrollment**:              **Total Number of Schools**:             **Grade Span:**  **Provide a separate sheet listing all district schools and include the following information for each school:**   * **School Name** * **City** * **Enrollment** * **Grade Levels** * **Indicate whether the school is currently ACS WASC accredited.** |

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| **District Description** *(Provide a concise narrative that describes the district, 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 District Accreditation. 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).
* Upon receipt of this accreditation request, the district will be contacted by ACS WASC for next steps.
* 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).

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