

THIS APPLICATION IS FOR THE CURRENT SCHOOL YEAR 2009-2010
Georgia Accrediting Commission

PRIVATE SCHOOLS

Continuing Accreditation Application

CHECK THE APPROPRIATE LEVEL OF EDUCATION OR SCHOOL

KINDERGARTEN _____ MIDDLE/JR. HIGH _____
ELEMENTARY _____ HIGH SCHOOL _____

Instructions: This continuing accreditation form is used by those who are applying for continuation of their current accreditation status with GAC. **You must notify our director of any changes made after the last consultant visit.**

Important: One copy of this application for each level of education should be sent to **Dr. Carvin L. Brown, Executive Director, Georgia Accrediting Commission, Inc. 1860 Barnet Shoals Rd., Ste. 103 PMB 594, Athens, Georgia 30605** by November 30th. **Please include a check payable to the Georgia Accrediting Commission to cover the \$50.00 annual fee for each school. A \$10.00 late fee will be due after November 30th.**

Current accreditation level: (check one)

_____ Accredited With Quality _____ Provisional
_____ Accredited _____ Preparation

Name of school or center _____ County _____

Mailing Address _____ City _____ Zip _____ Telephone _____

E-Mail Address _____ Fax-Number _____

Name of Principal, Headmaster, or Director _____ (Please print name and indicate title)

Number of Students _____ Number of Teachers _____ Grades served _____

I certify that our schools programs continue to meet the standards for the accreditation status acquired.

Signature Principal, Headmaster, or Director (indicate one) _____ Date _____

GAC WEBSITE www.coe.uga.edu/gac 706-353-7090 FAX 706-353-2737
Revised 07-09