

THIS APPLICATION IS FOR THE SCHOOL YEAR _____

GEORGIA ACCREDITING COMMISSION

Continuing Application

PUBLIC SCHOOLS

CHECK THE APPROPRIATE LEVEL OF EDUCATION OR SCHOOL

Kindergarten _____ Elementary _____ Middle _____ High School _____

Important: This continuing accreditation form is used by those who are applying for a continuation of their accreditation status with GAC. You must notify our director of any changes made after your last consultant visitation.

Instructions: One copy of this application for each level of education should be sent to **Dr. Carvin L. Brown, Executive Director, Georgia Accrediting Commission, 2351 College Station Road, PMB 594, Athens, Georgia 30605 prior to November 1st.** Please include a check payable to the Georgia Accrediting commission to cover the \$50.00 annual fee.

Name of school or center	School System	County
--------------------------	---------------	--------

Mailing Address	City	Zip	Telephone
-----------------	------	-----	-----------

E-Mail Address	Fax-Number
----------------	------------

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

B.O.E. Mailing Address	City	Zip	Telephone
------------------------	------	-----	-----------

E-Mail Address	Fax Number
----------------	------------

Number of Students _____ Number of Teachers _____ Each Grade served _____

This application is for:

_____ Accredited With Quality

_____ Provisional Accreditation

_____ Accredited

_____ Preparation

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

Signature: Superintendent, Principal, Headmaster, or Director (Indicate Title) Date

WEBSITE www.coe.uga.edu/gac (706) 353-7090 FAX (706)353-2737

Revised 07-07