Tennessee State Board of Education

Category IV Church-related Schools Report

Schools seeking recognition from the Tennessee State Board of Education as church-related schools pursuant to Tenn. Code Ann. § 49-50-801 should provide the following information and certification.

School Name

Address

Telephone # Fax # E-Mail

**Denominational, parochial or other bona fide religious organization operating the school:**

Organization Name

Contact: Title

Address

Telephone # Fax # E-Mail

**Name and address of any accrediting association through which the school is accredited or in which the school holds membership.**

Name of Association Address Telephone

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATION PURSUANT TO STATE BOARD RULE 0520-7-2-.05**

As principal of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school, I certify that

1. The school complies with all rules and regulations and codes of the city, county, and state regarding planning of new buildings, alterations and safety.
2. The school complies with all rules and regulations of the Tennessee Department of Health regarding construction, maintenance and operation of the school plant.
3. The school observes all fire safety regulations and procedures promulgated by the Tennessee Fire Marshal’s Office.
4. The school complies with the requirement of TCA 49-6-5001 that each child in the school be vaccinated against disease.
5. The school complies with the requirement of TCA 49-6-3007 that the names, ages, and addresses of all pupils in attendance be reported to the superintendent of the public-school system in which the school is located.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Date