TANAS
TENNESSEE ASSOCIATION OF NON-PUBLIC ACADEMIC SCHOOLS

RENEWAL APPLICATION

Please Circle: **Category II or IV**

SCHOOL YEAR ***2026 - 2027***

I. IDENTIFYING INFORMATION

_____
School Name

_____
School Address: Street

_____
School Address: P. O. Box

City _____

Zip_____

County _____

School Phone_____

Fax Number_____

Website_____

E-mail address_____

_____
Administrator/Principal's Name

Administrator's Phone _____

_____
Name of Sponsoring Church

Church Phone _____

Pastor_____

Pastor's Phone_____

II. CURRICULUM

Please list the curriculum the school uses for each subject area.

Bible K-8 _____

Bible 9-12 _____

Language Arts K-8_____

Language Arts 9-12 _____

Math K-8 _____

Math 9-12 _____

Science K-8 _____

Science 9-12 _____

Social Studies K-8 _____

Social Studies 9-12 _____

Please list other courses or extracurricular subjects offered:

K-8

_____
_____
_____

9-12

_____
_____
_____

Preschool Curriculum

_____
_____
_____
_____

III. STAFFING

Staff	No. Full Time	No. Part Time
Principal State Certified	_____	_____
Principal Non-Certified	_____	_____
Teachers State Certified	_____	_____
Teachers Non-Certified	_____	_____
Teacher's Aides (receive salary)	_____	_____
Volunteers	_____	_____
Secretaries	_____	_____
Custodial	_____	_____

IV. FACILITY

Being a member of TANAS does not exempt church schools from meeting health and safety standards. (TCA 49-50-801)

Each church-related school must have one facility with said facility meeting zoning and safety standards. A personal residence does not qualify as a facility. If the school serves hot lunches, a health permit is required.

Please enclose a copy of whichever is Applicable:

☐ Fire Inspection Report

☐ Approval Letter from the Local Fire Chief

☐ Health Department Permit

☐ Certificate of Educational Occupancy

V. SCHOOL POLICIES

1. Please enclose a copy of any updates in your school handbook and/or policy manual.

2. Current School Calendar:
   Beginning date_____
   Ending date _____

3. Satellite Home School Programs: Please enclose a copy of the policies which govern the home school program.

4. Achievement Testing: Please check whether your required testing will be accomplished through TANAS.

☐TANAS ☐OTHER

VI. ENROLLMENT

*Child Care - Preschool:

Infants _____ Toddlers _____

3-year-old _____ 4-year-old _____

School: K-5 _____

1st _____	5th _____	9th _____
2nd _____	6th _____	10th _____
3rd _____	7th _____	11th _____
4th _____	8th _____	12th _____

Home School: K-5 _____

1st _____	5th _____	9th _____
2nd _____	6th _____	10th _____
3rd _____	7th _____	11th _____
4th _____	8th _____	12th _____

* Preschool programs are considered day care by the state if there are **five** or more children enrolled.

VII. MEMBERSHIP FEE SCHEDULE

Child /Preschool Total Enrollment _____

Day School Total Enrollment _____

Home School Total Enrollment _____

TOTAL ENROLLMENT _____

(Please Check One)

4 Star School = $5 per Student Fee ☐

3 Star School = $6 per Student Fee ☐

2 Star School = $7 per Student Fee ☐

1 Star School = $8 per Student Fee ☐

Total Fee = Total # of Students multiplied by your school's per student fee

TOTAL FEE: $_____

(MINIMUM FEE: $150.00)
(MAXIMUM FEE: $3000.00)

This application must be in the TANAS office no later than August 31st for membership renewal.

Method of Payment (please check):

☐ Total Fees enclosed
☐ Two equal payments

(First payment due with application,
Second payment due **January 15th**)

Please list any questions or comments below.

_____

_____

_____

_____

_____

_____

For TANAS Use Only:	
1st Payment	2nd Payment
Date Rcd:	Date Rcd:
Check #:	Check #:
Amount:	Amount:
Balance:	Balance:
# Students: ___PK ___ K-8 ___9-12 ___ HS	
Total Students:	Total Teachers:

Please mail completed application & fee to:

TANAS
P. O. Box 411
Hohenwald, TN 38462-0411
Office #: **931-796-4348**
Fax #: **931-796-1186**

Website: www.tanasonline.org
Primary e-mail: mainoffice@tanasonline.org
Accreditation e-mail: cattwo@tanasonline.org

VIII. AUTHORIZED SIGNATURE

_____ _____
Pastor/Administrator Date

Revised 06/2025