

TENNESSEE ASSOCIATION OF NON-PUBLIC ACADEMIC SCHOOLS
AGENCY APPROVAL APPLICATION
CATEGORY II

I. IDENTIFYING INFORMATION

School _____
Street _____
P.O. Box _____
City _____ County _____ Zip _____
School Phone _____
Fax Number _____ Year School Founded _____
E-mail address _____
School's web page _____

Administrator _____
Phone _____

Sponsoring Church _____
Church Affiliation _____

Denomination or Fellowship

Pastor _____ Phone _____
Year Church Founded _____

II. SCHOOL BOARD MEMBERS:

<u>NAME</u>	<u>OCCUPATION</u>
_____	_____
_____	_____
_____	_____
_____	_____

V. STAFFING

<u>Staff</u>	<u>#Full Time</u>	<u>#Part Time</u>
Administrator/Principal (State Certified)	_____	_____
Administrator/Principal (Non-Certified)	_____	_____
Teachers K-8 (State Certified)	_____	_____
Teachers K-8 (Non-Certified)	_____	_____
Teachers 9-12 (State Certified)	_____	_____
Teachers 9-12 (Non-Certified)	_____	_____
Teacher Aides	_____	_____
Secretaries	_____	_____
Custodial	_____	_____
Cafeteria Staff	_____	_____

1. How many teachers left your staff at the end of last school year? _____
2. How many teachers joined the staff at the beginning of the present year? _____

VI. CURRICULUM

- Traditional: State Approved Text
 A Beka
 Bob Jones

- Individualized: Alpha Omega Publications
 School of Tomorrow (ACE)

Grades 9-12 (Please list all high school courses offered)

Grade 9	_____	_____
	_____	_____
	_____	_____
	_____	_____
Grade 10	_____	_____
	_____	_____
	_____	_____
	_____	_____

Grade 11	_____	_____
	_____	_____
	_____	_____
	_____	_____
Grade 12	_____	_____
	_____	_____
	_____	_____
	_____	_____

VII. ENROLLMENT

(please list approximate number of students enrolled in each grade)

Day School Enrollment

K5 _____ 1st _____ 2nd _____ 3rd _____ 4th _____
 5th _____ 6th _____ 7th _____ 8th _____
 9th _____ 10th _____ 11th _____ 12th _____ Sp/Ed _____

Pre-School Enrollment

Infants _____ Toddlers _____ K-3 _____ K-4 _____

Home School Enrollment

K5 _____ 1st _____ 2nd _____ 3rd _____ 4th _____
 5th _____ 6th _____ 7th _____ 8th _____
 9th _____ 10th _____ 11th _____ 12th _____

VIII. 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 a school serves hot lunches, a health permit is required.

Please enclose a copy of whichever is applicable:

- Fire Inspection Report
- Approval letter from Local Fire Chief
- Health Department Permit
- Certificate of Occupancy

IX. AGENCY APPROVAL FEE SCHEDULE

Comprehensive Accreditation fee: \$ 300.00 + travel, meals, and lodging expenses of the evaluative team + \$100.00 compensation per day for each evaluative team member for the Initial Comprehensive Evaluation and every four years afterwards.

Annual Accreditation Fee: \$100.00 + travel, meals, and lodging expenses of the evaluative team + \$75.00 compensation per day for each evaluative team member for every Annual Evaluation.

The accreditation fee is due on the date of the on-site inspection. Schools will be billed for travel, meals, lodging expenses and team member compensation.

X. STATEMENT OF FAITH

We believe the Bible to be the inspired Word of God and our Standard for faith and practice.

We believe in God as revealed in the Bible. He, as our eternal heavenly Father, is the author of truth, love, and faith.

We believe in the deity of the Lord Jesus Christ, in His virgin birth, in His sinless life, in His vicarious and atoning death, in His bodily resurrection, and in His second coming.

We believe in the Holy Spirit who empowers for service and reveals Jesus in us.

We believe that man was created in the image of God, fell through disobedience and is saved through faith in Jesus Christ.

X. AUTHORIZED SIGNATURE

This is our school’s application for membership in the Tennessee Association of Non-Public Academic Schools. I understand that membership is on an annual basis. My signature affirms that our school endorses and practices the TANAS Statement of Faith.

If our organization’s application for membership is accepted, we agree that our membership may be revoked at any time by a duly appointed officer of TANAS, on refund of the pro rata part of our dues paid in advance.

Signature_____ Date_____

Title_____

Additional Information or Comments_____
