

TANAS
TENNESSEE ASSOCIATION OF NON-PUBLIC
ACADEMIC SCHOOLS

RENEWAL APPLICATION

Please Circle: **Category II or IV**

SCHOOL YEAR **2024 - 2025**

I. IDENTIFYING INFORMATION

School Name

School Address: Street

School Address: P. O. Box

City

Zip

County

School Phone

Fax Number

Web-site

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 extra curricular subjects offered:

K-8

9-12

Preschool Curriculum

III. STAFFING

<u>Staff</u>	<u>No. Full Time</u>	<u>No. Part Time</u>
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Principal State Certified	_____	_____
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Principal Non-Certified	_____	_____
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Teachers State Certified	_____	_____
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Teachers Non-Certified	_____	_____
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Teacher's Aides (receive salary)	_____	_____
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Volunteers	_____	_____
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Secretaries	_____	_____
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Custodial	_____	_____
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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:	
1 st Payment	2 nd 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 06/2022