

SCHOOL INFORMATION

School _____

LCMS district _____

Address _____

City _____ State _____ Zip _____

School administrator _____

School administrator email _____

School telephone _____

Select grade/age levels included in this school:

Age 2 Age 3 Age 4 K 1 2 3 4 5 6 7 8 9 10 11 12

For above noted grade/age levels:

Number of students _____ Number of teachers _____

Number of children in full-time child care _____

Number of children in extended (before/after-school) care _____

Date intending to begin the self-study (accreditation) process ____/____/____

Date projected for site visit ____/____/____

The site visit cannot occur earlier than nine months or later than two years from the date of application.

SPONSORING CONGREGATION(S) *(If more than two, please attach a complete list.)*

Congregation 1 _____

Address _____

City _____ State _____ Zip _____

Pastor(s) _____

Church telephone _____

Congregation 2 _____

Address _____

City _____ State _____ Zip _____

Pastor(s) _____

Church telephone _____

SIGNATURES

School Administrator Signature _____ Date _____

School Board Chairperson Signature _____ Date _____

Pastor/Pastoral Advisor Signature _____ Date _____

District Education Executive Signature _____ Date _____

DISTRICT NLSA COMMISSION CONSULTANT SUGGESTION:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Send a copy of the completed form and the **\$600 application fee** (made payable to “National Lutheran School Accreditation”) *to your district education executive* for signatures and submission to the NLSA office.

Districts will send the above items to:

The Lutheran Church—Missouri Synod
Attn: NLSA - School Ministry
1333 S. Kirkwood Road
St. Louis, MO 63122-7295

NLSA contact information:

Terry Schmidt, director, LCMS School Ministry
314-996-1292
Terry.Schmidt@lcms.org

Kristin Freeman, coordinator, NLSA and LSCS
314-996-1294
Kristin.Freeman@lcms.org