

National Lutheran School Accreditation APPLICATION FORM

SCHOOL INFORMATION

School _____

LCMS district _____

Address _____

City _____ State _____ Zip _____

School administrator's name _____

School administrator's email _____

Early childhood administrator's name (if applicable) _____

Early childhood administrator's email (if applicable) _____

School phone number _____

Grade/age levels included in this school: (Select all that apply.)

☐ Age <1 ☐ Age 1 ☐ Age 2 ☐ Age 3 ☐ Age 4 ☐ Age 5

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

For above noted grade/age levels:

Number of students (total) _____ Number of children in full-time child care _____

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

Total number of school staff _____

*Early childhood only:

Licensed by _____

License expiration date _____ License capacity _____

Current number of students served _____

ACCREDITATION INFORMATION

Type of accreditation process: (Select one or two if completing both EBA and EC self-studies.)

☐ Evidence Based Accreditation (EBA) ☐ Early Childhood

NLSA Accreditation Route: (Select one of the following based on the "NLSA Routes to Accreditation" worksheet.)

☐ Option A ☐ Option B ☐ Option C ☐ Option D ☐ Partner Accreditation (AdvancED, WASC, Middle States, CCLE)

Date intending to begin the accreditation process ____/____/____

Date projected for Validation Team visit ____/____/____

NOTE: The Validation Team visit cannot occur earlier than nine months or later than two years from the date of application.

Regional dual or reciprocal accreditation: (Select all that apply.)

☐ AdvancED ☐ WASC ☐ Middle States ☐ CCLE

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

Congregation 1 _____
Address _____
City _____ State _____ Zip _____
Pastor(s) _____
Church phone number _____

Congregation 2 _____
Address _____
City _____ State _____ Zip _____
Pastor(s) _____
Church phone number _____

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NLSA ACCREDITATION AGREEMENT

I understand and agree that:

- Any and all fees assessed by NLSA and my district are the sole responsibility of the school or early childhood center.
- The school or early childhood center has a period not to exceed two (2) years from the date of application to complete the NLSA process.

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SIGNATURES

School administrator's signature _____ Date _____

Early childhood administrator's signature (if applicable) _____ Date _____

Governing authority/school board chairperson's signature _____ Date _____

Pastor/pastoral advisor's signature _____ Date _____

District education executive's signature _____ Date _____

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DISTRICT NLSA COMMISSION CONSULTANT SUGGESTION: *(To be completed by the LCMS district office.)*

Name _____

Telephone _____ Email _____

INSTRUCTIONS FOR APPLICATION SUBMISSION

- Send your completed and signed application to your **LCMS district education executive** for final approval and submission to the national NLSA office.
- If your school is currently accredited in good standing by NLSA, no additional application fee is required to accompany your application. Your annual fee payment (invoiced in September) will cover your school's financial responsibility to NLSA.
- If your school is newly applying to NLSA or not currently accredited with NLSA, please submit a \$600 application fee check (made payable to "National Lutheran School Accreditation") along with your application to your LCMS district education executive for final approval and submission to the national NLSA office.

Districts will send the completed and signed application and any applicable fees to:

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

NLSA Contact Information:

Rebecca Schmidt, Director of LCMS School Ministry
Phone: 314-996-1716
Email: Rebecca.Schmidt@lcms.org

Kris Freeman, Coordinator of LCMS School Ministry
Phone: 314-996-1294
Email: Kristin.Freeman@lcms.org