

NORTHWEST ASSOCIATION OF ACCREDITED SCHOOLS

“...advancing excellence in education through the process of accreditation.”

1510 Robert Street Suite 103 ★ Boise, ID 83705

APPLICATION FOR MEMBERSHIP

Instructions

Enclose a one-time fee of \$100.00* with this application. Nonpublic schools must enclose a copy of the school's license(s) or registration with the department of education, state or government agency. The application will not be processed until these items are received.

This form must be completed in its entirety (front and back).

NAAS regional accreditation dues will be billed if the school is accepted.

Each school must have a two-person initial visit prior to provisional accreditation being granted.

Provisional accreditation is awarded by the Commission on Schools in December or June each year.

*International Schools, Distance Education Schools, and Residential Treatment Centers are assessed \$200 for the total application fee.

*Washington state schools are also assessed a \$250 initial site visit fee.

Fees may be paid with VISA or Mastercard by telephoning our offices at 208-493-5077.

Application is hereby made for provisional⁺ membership in the Northwest Association of Accredited Schools.

Name of School

Resolution

We, the legally constituted officials of the above named school, hereby express our approval of the policies and the standards of the Northwest Association of Accredited Schools. We endorse the application of the school listed above for membership and, if given favorable consideration, agree to conform to all standards, policies, and regulations of the Association.

Principal/Administrator's Signature

Superintendent/CEO's Signature

⁺A school is 'provisional' until the required self-study and onsite team evaluation have been completed within the first three years of membership.

Type of School:

Elementary

K-12 School

Middle Level

Special Purpose

High School

Travel Education

Supplemental Education

Distance Education

International

Residential

Postsecondary Nondegree Granting School

Other accreditation affiliation, if any:

ACSI

ACTS

CSI

NLSA

PNAIS

SDA

WCEA

Office Use Only:

Invoice # _____

Date Received _____

Check # _____

Date of Invoice _____

Date Forwarded to SAC/3rd Party _____

Check Amount _____

Notes _____

Initials _____

OFFICIAL SCHOOL INFORMATION FORM
For use in the *Directory of Accredited Schools*

NORTHWEST ASSOCIATION OF ACCREDITED SCHOOLS

1510 Robert Street Suite 103 ★ Boise, ID 83705-5194

Phone (208) 493-5077 Fax (208) 334-3228

This form may be submitted electronically to info@northwestaccreditation.org

Official School Name

(As it will appear on your certificate of accreditation)

Administrator's/Principal's Name

Title

Physical Address

Mailing Address

Billing Address *(If Different from School's)*

City

State

ZIP + 4

County

Phone Number

Fax Number

Email Address **Required**

Web Site (URL)

School District *(If Applicable)*

District Address

Superintendent's Name

Superintendent's Email Address

Accredited Grades

Enrollment As Of Oct. 1

Fulltime Equivalency Teachers

Public or Independent

Public

Independent

Today's Date