

Greeting from TAAPS,

We are pleased that you are interested in joining the TAAPS Accreditation Association. The Initial Application document and your $100 application fee are your first steps to attaining TAAPS accreditation.

1. Your competed application (below) and supporting documents should be scanned and e-mailed to [tiffany@taaps.org.](mailto:tiffany@taaps.org.) Please complete each section and submit appropriate documentation to the extent that it is historically available.

2. A check for $100 along with the TAAPS Initial Application Fee Invoice (below) should be mailed to:

The TAAPS Office

c/o Tiffany Johnson

300 E. Huntland Dr.

Austin, TX 78752

3. Once TAAPS reviews your submission and determines that you are ready to move forward, an initial applicant visit will be arranged at your convenience.

Sincerely,

The TAAPS Board of Directors

TEXAS ALLIANCE OF ACCREDITED PRIVATE SCHOOLS

**Initial Application**

**Date Report Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_(\_ )\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Address: Fax #:\_\_( )\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Head Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yrs. Served at school:**

**Yrs. Experience:**

**Date Founded: \_\_\_\_\_\_\_ Date Incorporated: \_\_\_\_\_\_\_\_\_ Non-Profit\_\_\_\_ For Profit \_\_\_\_**

**Yrs. of Operation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Bldg.** --- Owned leased &/or shared: (circle)

**List other Accrediting Associations:**

**Accrediting Association: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received:\_\_\_\_\_ Expires:\_\_\_\_\_\_\_**

**Grades Taught: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Faculty: Full–time \_\_\_\_\_\_ Part-time \_\_\_\_\_**

**Spring Enrollment for Previous Year:**

**Pre-K3 \_\_\_\_\_ Pre-K4 \_\_\_\_\_ K-5th \_\_\_\_\_ 6th– 8th \_\_\_\_ 9 – 12th \_\_\_\_\_ Total:\_\_\_\_\_**

**Number of graduating seniors:**  \_\_\_\_\_ **Number Accepted by Colleges**: \_\_\_\_\_\_\_

**Current Enrollment:**

**Pre-K3 \_\_\_\_\_ Pre-K4 \_\_\_\_\_ K-5th \_\_\_\_\_ 6th– 8th \_\_\_\_ 9 – 12th \_\_\_\_\_ Total:\_\_\_\_\_**

**Describe the Philosophy of the School:**

**Number of instructional days per year\_\_\_\_\_   
Length of instructional day \_\_\_\_\_a.m. -- \_\_\_p.m.**

**Name of person completing the form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Head Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**You may use these charts or design your own to fit the school’s data.**

**General Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Actual Two Years Ago | Actual Past Year | Budget for Current Year | Year to Date |
| Total Assets: $ | Total Assets: $ | Total Assets: $ | Total Assets: $ |
| Income: $ | Income: $ | Income: $ | Income: $ |
| % of Income from tuition: | % of Income from tuition: | % of Income from tuition: | % of Income from tuition: |
| Total Expenses: $ | Total Expenses: $ | Total Expenses: $ | Total Expenses: $ |
| Salaries: $ | Salaries: $ | Salaries: $ | Salaries: $ |
| Surplus: $ | Surplus: $ |  |  |
| Deficit: $ | Deficit: $ |  |  |

Comments:

1. Tuition rates for upcoming school year. (please attach RATE schedule)
2. Enclose copy of prior year’s Federal Income Tax
3. List insurance policies:
4. Name of company for each policy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Dates of renewal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Amount of coverage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Administration**

1. Highest degree held by Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Number of years experience as Director in accredited school \_\_\_\_\_\_\_
3. Highest degree held by each principal:

a. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree \_\_\_\_\_ Yrs Experience \_\_\_\_\_

b. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree \_\_\_\_\_ Yrs Experience \_\_\_\_\_

**Faculty**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Teacher | Work Status FT/PT | # Years Experience | # Years Experience  at school | Degree | Certification or Qualification | Teaching Position |
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**Chart the changes in full-time faculty in each of the last three school years:**

Additions:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Teacher | Work Status FT/PT | # Years Experience | # Years Experience  at school | Degree | Certification or Qualification | Teaching Position |
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Deletions:

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| --- | --- | --- | --- | --- | --- | --- |
| Teacher | Work Status FT/PT | # Years Experience | # Years Experience  at school | Degree | Certification or Qualification | Teaching Position |
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Range of salaries paid from first year teacher to most experienced teacher:

Full Time: $\_\_\_\_\_\_\_\_\_\_ -- \_\_\_\_\_\_\_\_\_\_\_ Part Time: $\_\_\_\_\_\_\_\_\_ -- \_\_\_\_\_\_\_\_\_

**Support Staff**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Support Staff (e.g., secretarial staff, health services personnel, paraprofessionals) | Full-time | Part time | Degree | Non-Degree |
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**Student Body:**

Describe profile of student body

**Summary of Achievement test scores** (report National Grade Level Individual Percentiles) **for each grade level: Name of Test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Reading:**

3 Yrs. Ago \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

2 Yrs. Ago \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Last Year \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

**Math:**

3 Yrs. Ago \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

2 Yrs. Ago \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Last Year \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Enclose Group Report, for each grade level, from assessment company

Comment as appropriate on changes or trends indicated in the above information

Quantitative Verbal

List Average of PSAT/SAT/ACT scores \_\_\_\_\_\_ \_\_\_\_\_\_

for juniors and graduating seniors \_\_\_\_\_\_ \_\_\_\_\_\_

\_\_\_\_\_\_ \_\_\_\_\_\_

High School Graduation Plan:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| English | Math | Science | PE | Foreign Lang. | Electives |
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Minimum Credits to Graduate: \_\_\_\_\_\_\_

**Extended Day Program:**

1. List time of extended care: \_\_\_\_\_\_ - \_\_\_\_\_\_ a.m. \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ p.m.

2. Number of students: \_\_\_\_\_\_\_\_\_ a.m. \_\_\_\_\_\_\_\_\_\_ p.m.

3. Ages of students in extended care: \_\_\_\_\_\_\_- \_\_\_\_\_\_\_

4. # of students enrolled in program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. # of students not enrolled but come for extended care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Curriculum (attach)**

1. List books used for each subject and grade

2. List any course offerings added or deleted

3. List any changes in resources or services

**Library and Media**

1. Number of volumes in library collection \_\_\_\_\_\_\_\_\_

2. Number of volumes per student in library \_\_\_\_\_\_\_\_\_

3. Number of books added this year \_\_\_\_\_\_\_\_\_

5. Amount spent in Library/Media center $\_\_\_\_\_\_\_\_\_

**Facility**

1. Describe your facilities **(square footage, classrooms, offices, parking, etc.)**

2. Dates of annual safety reports or inspections:

a. Fire \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Fire Extinguishers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Gas Leak Test \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Health \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit this completed form with all attached documents scanned to the TAAPS email. Remit the $100.00 initial applicant fee with completed invoice to the TAAPS address.

Tiffany Johnson Phone: (512) 945-1636

Texas Alliance of Accredited Private Schools Fax: (512) 453-2982

300 E. Huntland Dr. e-mail: tiffany@taaps.org

Austin, TX 78752 website: taaps.org

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TAAPS**  **Initial Application**  **INVOICE** | | |  |  | | --- | --- | | Date |  | |  |  | | | | | |
| School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | TAAPS  300 E. Huntland Dr.  Austin, TX 78752 | | | |
| Qty | | Description | | | Unit Price | Total |
| 1 | | Initial Application Fee | | | $ 100.00 | $ 100.00 |

|  |  |
| --- | --- |
| Subtotal | $ 100.00 |
| Tax | $ 100.00 |
| **Total Due** | **$ 100.00** |

|  |  |
| --- | --- |
| SEND PAYMENT TO | PAYMENT INSTRUCTIONS |
| TAAPS Office  300 E. Huntland Dr.  Austin, TX 78752 | Please remit this invoice with your payment.  Check number \_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| NOTES |
| I have sent all documents electronically to the TAAPS Office. YES\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_ |