



**FLORIDA ASSOCIATION OF ACADEMIC
NONPUBLIC SCHOOLS**

“Non-Accrediting Members” Application Form
 Initial Reinstatement

NAME OF ORGANIZATION: _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

E-Mail Address: _____

Website Address: _____

Organization’s current Board Members and Titles:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Year Organization was established: _____ Is the organization primarily an accrediting body? ___yes ___no

Number of Member Schools: _____ *

Attach the organization’s most recent **SCHOOL MEMBERSHIP INFORMATION CHART.*

In order for an applying organization to be considered a FAANS “Non-Accrediting Member”, they must comply with all published “Standards for Non-Accrediting Members”, have attended FAANS meetings and meetings with the Membership and Standards Committee for a minimum of three consecutive years and be voted on by two-thirds of current FAANS Members.

Please indicate a response to the following Standards for Recognition as a FAANS Non-Accrediting Member and provide supporting documentation as necessary:

1. The member schools of the organization comply with local, State and Federal laws.

◇ Yes ◇ No

2. The officers and/or representatives of the organization reside in Florida.

◇ Yes ◇ No

3. The organization has provided evidence of its existence as a Florida-based nonpublic school organization for a minimum period of three (3) years. ***Please provide copies of by-laws and/or Articles of Incorporation indicating years of existence.***

◇ Yes ◇ No

4. The organization has a minimum of ten (10) Florida nonpublic school members.
 Yes No

5. The organization is predominantly a statewide body.
 Yes No

6. The organization has a current website that provides the following minimum information:
 - a. Association's History
 - b. By-Laws, Code of Ethics and Mission Statement
 - c. Standards and evaluative criteria, Policies and Procedures, including non-discriminatory policies
 - d. Board of Directors; *(with Name, Title and contact information of each Director)*
 - e. School Membership Information
 - f. Forms and Fee Schedule Yes No

7. Minutes of all meetings from the immediate past school year have been electronically submitted to the Membership and Standards Committee.
 Yes No

8. A representative of the organization has attended FAANS meetings for three (3) consecutive school years as an observer.
 Yes No

9. The organization has obtained Sponsorship letters from the following FAANS Members:
 - 1.
 - 2.
 - 3.

10. The organization has published policies which govern the operation of the organization and these have been submitted electronically to the Chair of the Membership and Standards Committee.
 Yes No

11. The organization has published Standards and evaluative criteria clearly expressed in written form.
 Yes No

Please attach the following information to this Application during the third year, prior to the spring meeting:

1. Evidence of existence as a Florida-based school organization for a minimum of three (3) years.
 Date received: _____

2. Minutes of all Meetings of the organization from the immediate past school year.
 Date received: _____

3. The organization's most recent SCHOOL MEMBERSHIP INFORMATION CHART.
 Date received: _____

4. Sponsor letters from three present FAANS members.
 Dates received: _____

5. Application fee of \$200.00 (non-refundable) payable to FAANS *
 Date received: _____
 * *Payment of this fee does not imply or guarantee FAANS Membership.*

FAANS ADMINISTRATIVE USE ONLY

NAME OF ORGANIZATION: _____

Interviews with Membership & Standards Committee:

1st Year: **Date:** _____
Date: _____

2nd Year: **Date:** _____
Date: _____

3rd Year: **Date:** _____
Date: _____

Attendance at three years of FAANS meetings:

1st Year: **Date:** _____
Date: _____

2nd Year: **Date:** _____
Date: _____

3rd Year: **Date:** _____
Date: _____

____ **Recommendation by Membership & Standards Committee:** **Date:** _____

____ **Vote of FAANS membership:** **Date:** _____

Result of Vote: ____ **In Favor** ____ **Opposed**

If application denied, explanation:

Name of Organization's Representative: _____

Signature: _____

Name of Membership & Standards Committee Chair: _____

Signature: _____

Name of FAANS President: _____

Signature: _____

Date Application submitted: _____

Date Application received: _____ **Date \$200.00 Application Fee received:** _____