



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 completed application (below) and supporting documents should be scanned and e-mailed to 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
15202 Sophie Dr.
Austin, TX 78734

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:
 - a. Name of company for each policy _____
 - b. Dates of renewal _____
 - c. 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

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

Deletions:

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

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

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:** _____

	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th
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 <u>graduating seniors</u>	_____	_____
	_____	_____

High School Graduation Plan:

English	Math	Science	PE	Foreign Lang.	Electives

Minimum Credits to Graduate: _____

Extended Day Program:

- List time of extended care: _____ a.m. - _____ p.m.
- Number of students: _____ a.m. - _____ p.m.
- Ages of students in extended care: _____ - _____
- # of students enrolled in program: _____
- # of students not enrolled but come for extended care: _____

Curriculum (attach)

- List books used for each subject and grade
- List any course offerings added or deleted
- 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
Texas Alliance of Accredited Private Schools
15202 Sophie Dr.
Austin, TX 78734

Phone: (512) 945-1636
Fax: (512) 453-2982
e-mail: tiffany@taaps.org
website: taaps.org

TAAPS Initial Application

Date	

INVOICE

School _____

Contact Person _____

Phone Number _____

Email _____

TAAPS
15202 Sophie Dr.
Austin, TX 78734

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 15202 Sophie Dr. Austin, TX 78734	Please remit this invoice with your payment. Check number _____

NOTES
I have sent all documents electronically to the TAAPS Office. YES_____ No_____