

SCHOOL INFORMATION

School _____
LCMS district _____
Address _____
City _____ State _____ Zip _____
School administrator _____
School administrator email _____
School telephone _____

Select grade/age levels included in this school:

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

For above noted grade/age levels:

Number of students _____ Number of teachers _____

Number of children in full-time child care _____

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

Date intending to begin the self-study (accreditation) process ____/____/____

Date projected for site visit ____/____/____

The site visit cannot occur earlier than nine months or later than two years from the date of application.

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

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

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

SIGNATURES

School Administrator Signature	Date
--------------------------------	------

School Board Chairperson Signature	Date
------------------------------------	------

Pastor/Pastoral Advisor Signature	Date
-----------------------------------	------

District Education Executive Signature	Date
--	------

DISTRICT NLSA COMMISSION CONSULTANT SUGGESTION:

Name _____

Address _____

City _____ State _____ Zip _____

Send a copy of the completed form and the **\$450 application fee** (made payable to “National Lutheran School Accreditation”) *to your district education executive* for signatures and submission to the NLSA office.

Districts will send the above items to:

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

NLSA contact information:

Terry Schmidt, director, LCMS School Ministry
314-996-1292
Terry.Schmidt@lcms.org

Susan Green, coordinator, NLSA and LSCS
314-996-1294
Susan.Green@lcms.org