Florida-Georgia District, LCMS

5850 T. G. Lee Blvd., Suite 500 Orlando, FL 32822 Email the completed application to chammerstrom@flgadistrict.org. You can send a check to the District Office or pay online.

## **Declaration of Participation – Florida-Georgia District Accreditation**

School Name	Church Affiliation, LCMS,ELCA, or?			
Address				
City, State Zip				
Telephone				
Principal Name	Principal email:			
Pastor Name	Pastor email:			
School Board	School Board			
Chairperson	Chair email:			

Application for:	New Accreditation?	/N Accredita	tion Renewal? Y/N	Year scho	ool established:
Current enrollment	Age 0-1	Kindergarten	Grade	5	Grade 9
	Age 2	Grade 1	Grade	6	Grade 10
	Age 3	Grade 2	Grade	7	Grade 11
	Age 4	Grade 3	Grade	8	Grade 12
	Age 5	Grade 4			
Number of School Faculty:		# Full Time:		# Part Time:	
Number of Administrators:		# Full Time:		# Part Time:	
Planned dates for self-study:		Start date:		End Date:	

Check (X) the application process(s) that apply(ies) for your school:

NLSA	Cognia	Early Childhood
Initial	Initial	Initial
First Renewal	First Renewal	First Renewal
Second Renewal	Second Renewal	Second Renewal
Third Renewal	Third Renewal	Third Renewal
Fourth Renewal	Fourth Renewal	Fourth Renewal
Fifth Renewal	Fifth Renewal	Fifth Renewal

List other accreditation sought in		
addition to FLGA, such as Cognia,		
NAEYC, Gold Seal, Other:		