

*Application Fee:	_____	\$500
*Candidacy Fee:	_____	\$500
Annual Fee:	_____	\$500
On-site Visitation Fees:		
-Florida Schools:	_____	\$3,000 (Every 3 yrs.)
-Other States:	_____	\$4,000 (Every 3 yrs.)
Total Fees:	_____	
*ONLY for New Applicants		

**N.A.L.S.A.S.**  
**National Association for the**  
**Legal Support of Alternative Schools**  
18520 N. W. 67<sup>th</sup> Ave., #188, Miami, FL 33015  
Tel: (800) 456-7784 Fax: (954) 538-8041 E-mail: educate@nalsas.org

**APPLICATION FOR ACCREDITATION**

Name of School: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone(s): \_\_\_\_\_ Fax: \_\_\_\_\_ E: \_\_\_\_\_  
Website: \_\_\_\_\_  
Specific Direction to School Location: \_\_\_\_\_

**LABEL AND ATTACH EXPLANATIONS ON A SEPARATE SHEET WHENEVER NECESSARY**

**I. OBJECTIVE DATA:**

Kind of organization: Corporation \_\_\_\_\_ Trust \_\_\_\_\_ Other \_\_\_\_\_  
Tax Exempt Status: Exempt \_\_\_\_\_ Applying \_\_\_\_\_ Have Not Applied \_\_\_\_\_ Denied \_\_\_\_\_  
Type of Program: Day Only \_\_\_\_\_ Boarding Only \_\_\_\_\_ Homeschool \_\_\_\_\_ Online \_\_\_\_\_ Alternative \_\_\_\_\_ Charter \_\_\_\_\_ Religious \_\_\_\_\_  
ENROLLMENT: Present \_\_\_\_\_ Maximum \_\_\_\_\_ #Employees \_\_\_\_\_ Adult Child Ratio \_\_\_\_\_  
Ages Served \_\_\_\_\_ Tuition and/or Fees \_\_\_\_\_

**II. SUBJECTIVE DATA:**

- A. Include attachments designated as follows:**
- STATEMENT OF PURPOSE**—What is the philosophy? What are you trying to achieve with your program?
  - STATEMENT OF ACTIVITIES**—What kinds of things do you do in keeping with your beliefs and stated purpose?
- B. Regarding the "Activities" in your program:**
- Who determines them? \_\_\_\_\_
  - How are they determined? \_\_\_\_\_
  - How often are they determined? \_\_\_\_\_
  - Do your activities satisfy your stated purpose? \_\_\_\_\_
- C. How do you determine your success?** \_\_\_\_\_
- D. What do you see as your future needs?** \_\_\_\_\_

\_\_\_\_\_  
Signed Print Name Title/Office Date