N.A.L.S.A.S.
National Association for the
Legal Support of Alternative Schools
18520 N. W. 67th 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:
1. STATEMENT OF PURPOSE—What is the philosophy? What are you trying to achieve with your program?
2. 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:
1. Who determines them?
2. How are they determined?
3. How often are they determined?
4. 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 __________