



## ACCS: School Membership Application

A **school** is an institution generally administered by a Board and comprised of classrooms with teachers (not facilitators) where students are sent by their parents to be instructed (not self-paced), regardless of the number of grades.

An individual, a homeschool family, homeschool co-ops, tutorials, publishers & material providers must use the appropriate **Affiliate Member Application**.

**Incomplete applications will not be considered.**

### I. Directory Information

Name of school: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
(city, state, and zip)

Facility address: \_\_\_\_\_  
(if different from mailing address)

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Administrator name and title: \_\_\_\_\_

School board chairman: \_\_\_\_\_ Phone number: \_\_\_\_\_

Chairman email address: \_\_\_\_\_

Date founded: \_\_\_\_\_ Grades offered: \_\_\_\_\_

Number of elementary students: \_\_\_\_\_ / Grades? \_\_\_\_\_

Number of secondary students: \_\_\_\_\_ / Grades? \_\_\_\_\_

Church affiliation (if any): \_\_\_\_\_

Governmental structure: \_\_\_\_\_  
(Church run? School board w/ church oversight? Independent school board? Admin/faculty run? Other?)

Are you a 5-day/week, instructor directed, traditional classroom school? Y O N O

If no, please explain here. \_\_\_\_\_  
(use a separate sheet if more room is required)

Number of full time staff: \_\_\_\_\_ Number of part time staff: \_\_\_\_\_

Standardized test(s) used:  CTP-4 (ERB) List grade levels \_\_\_\_\_  
 Iowa Test of Basic Skills List grade levels \_\_\_\_\_  
 Stanford Achievement List grade levels \_\_\_\_\_  
 Other List grade levels \_\_\_\_\_

Name of standardized test if you checked other: \_\_\_\_\_

Other school associations you are a member of: \_\_\_\_\_

#### Office Use Only

- |                                     |   |                                      |                                      |
|-------------------------------------|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Web Alpha      | <input type="checkbox"/> Certificate | <input type="checkbox"/> Approved    |
| <input type="checkbox"/> Database   | <input type="checkbox"/> New Mbr Notify | <input type="checkbox"/> Congrats    | <input type="checkbox"/> Map         |
| <input type="checkbox"/> Web Member | <input type="checkbox"/> Email/Group    | <input type="checkbox"/> Copied      | <input type="checkbox"/> File Update |

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## II. Program Information

1. Have you read the ACCS Mission Statement? Y  N
2. Have you read the ACCS Confession of Faith? Y  N
3. Do you conform to the curriculum of the Trivium as set forth in the ACCS Mission Statement? Y  N
4. Do you have a commitment to furthering the work of ACCS, its goals, purposes, mission, and objectives? Y  N
5. Do you have a commitment to a minimum of two (2) years of Latin or ancient Greek required for each student? Y  N
6. Do you have a commitment to a minimum of one (1) year of formal logic required in the secondary program (grades 7-12)? Y  N
7. Do you have a commitment to one (1) year of rhetoric required in the secondary program (grades 7-12)? Y  N

If you answered no to any of the questions listed above, please explain here.

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8. If you are not now offering a grade 1-12 program, **but plan to**, describe what plans you have made to implement a 1-12 program. If you are not now offering grades 1-12, **and do not intend to**, describe how you will ensure your students are educated in **all** three aspects of the Trivium in all three age-related stages.

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***The signature of the individual below affirms that the signatory is an authorized agent of the school, that the school understands the conditions of membership in ACCS and subscribes to the ACCS Confession of Faith, is in basic agreement with the vision for education set forth in the ACCS Mission Statement, acknowledges that school information will be included on the ACCS website, and hereby applies for membership.***

\_\_\_\_\_ Date: \_\_\_\_\_  
(signature of authorized agent)

Name of Authorized Agent: (please print) \_\_\_\_\_

Email (or phone number) of Authorized Agent: \_\_\_\_\_

**For the application to be processed, you must complete and submit each item.**

- 1. All Directory Information has been provided.
- 2. All Program Information questions have been answered.
- 3. A copy of the School's Statement of Faith is included.
- 4. The form is signed by the school's authorized agent.
- 5. Dues payment is included.

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## III. Dues Computation Form

**ANNUAL DUES:** Use this form to calculate your annual dues.

<b>MEMBER SCHOOL COMPUTATION FORM</b>			<b>(EXAMPLE)</b>
<b>Total number of students</b> at your school	_____		122
<i>Multiply</i> the number of students by \$2.75/student	x \$2.75		x \$ 2.75
<b>Equals the per capita fee</b>	\$ _____		\$335.50
Add Member School <b>basic fee</b>	+ \$ _____		+ \$ 150.00
Determine according to these date: (If you join in these months, <b>first year</b> dues are prorated.)			
<i>Sept—Dec</i>	<b>\$150.00</b>		
<i>Jan—Apr</i>	<b>\$112.50</b>		
<i>May—Aug</i>	<b>\$75.00</b>		
<b>Total member dues</b>	\$		\$485.

### PAYMENT INFORMATION

Please enclose a check or provide credit card information below:

**Check number:** \_\_\_\_\_

**Card type:**  Visa  
 MasterCard  
 Discover  
 American Express

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_  
(mm/yy)

Name on card: \_\_\_\_\_

Organization name: \_\_\_\_\_  
(if applicable)

Mailing address: \_\_\_\_\_  
(as on billing statement)

City/State/ZIP code: \_\_\_\_\_  
(as on billing statement)

**Remember to print a copy of this application for your records before submitting.**