

The South Carolina Independent School Association

Membership Application Form

Upon completion of this form, please make a copy for your records and send a copy to SCISA via:

Email: administration@scisa.org or faullings@scisa.org

Mail: SCISA - PO Drawer 690 - Orangeburg, S. C. 29116

Office Use Only

Received	_____
Contacted	_____
Date visited	_____
Approved	_____
Notified	_____

NAME OF SCHOOL: _____ **DATE:** _____

HEAD OF SCHOOL: _____ **PHONE #:** _____

E-MAIL: _____ **WEB ADDRESS:** _____

MAILING ADDRESS: _____ **FAX #:** _____

FOUNDED: _____

PHYSICAL ADDRESS: _____ **GRADES SERVED:** _____
(If different)

Applying for: _____ - _____ Academic Year
 _____ Academic Membership (Does not include Athletics)
 _____ Full Membership (Includes Athletics)

 Athletic Director's name & email (if applicable)

Currently accredited by: _____ **Your next evaluation date:** _____

Does your school meet or exceed SCISA's Accreditation Requirements? ____ YES ____ NO

Please list on the back of this page any accreditation standard(s) about which you would request SCISA staff support.

STUDENT ENROLLMENT INFORMATION

_____ Total Kindergarten (Include all 3, 4, & 5K)

_____ Total Elementary Students

_____ Total Middle School	6 th	7 th	8 th	9 th	10 th	11 th	12 th
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_____ Total High School	Girls:	_____	_____	_____	_____	_____	_____
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Boys:	_____	_____	_____	_____	_____	_____
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_____ GRAND TOTAL OF ALL STUDENTS

➤ **Please include written directions and 3 suitable dates for your initial on-site visit.**

➤ **Suitable dates:** _____