

# South Carolina Independent School Association 2017-2018 Annual Report

- ◆ The following forms must reach the SCISA office by Friday, June 16, 2017
  - \_\_\_\_\_ 1<sup>st</sup> Installment of Membership Dues
  - \_\_\_\_\_ Top portion of Dues Worksheet
  
- ◆ The following items must reach the SCISA office by Friday, Sept. 15, 2017.
  - \_\_\_\_\_ Annual Report
  - \_\_\_\_\_ Final payment of Membership Dues
  - \_\_\_\_\_ Bottom portion of Dues Worksheet
  - \_\_\_\_\_ A \$100 late fee will be assessed for reports not received or postmarked by this date.
  
- ◆ The enrollment totals you submit on this Annual Report will be considered your official enrollment for 2017-2018.
  - \_\_\_\_\_ This number should match the number on your final membership dues worksheet, and your catastrophic dues worksheet.
  
- ◆ Keep a copy of this report on file at your school
  - \_\_\_\_\_ Mail the original to the SCISA office
  - \_\_\_\_\_ P.O. Drawer 690
  - \_\_\_\_\_ Orangeburg, SC 29116
  - \_\_\_\_\_ **Do not return this cover sheet with your report.**
  - \_\_\_\_\_ **Do not fax or email this report.**
  
- ◆ Please type or print legibly!

# 2017-2018 Annual Report

<b>SCHOOL:</b> _____		<b>PHONE:</b> _____	
<b>PHYSICAL ADDRESS:</b> _____		<b>FAX:</b> _____	
<b>MAILING ADDRESS:</b> _____	<b>COUNTY:</b> _____	<b>STATE:</b> _____	<b>Zip:</b> _____
<b>SCHOOL E-MAIL:</b> _____		<b>WEBSITE:</b> _____	
<b>GRADES SERVED:</b> _____	<b>ENROLLMENT TOTAL:</b> _____	<b>FOUNDED:</b> _____	
<b>ACCREDITED BY:</b> _____		<b>LAST DATE:</b> _____	<b>NEXT EVALUATION:</b> _____

<b>HEAD OF SCHOOL:</b> _____	<b>PREFERRED TITLE:</b> _____
<b>HEAD OF SCHOOL'S EMAIL:</b> _____	<b>CELL NUMBER:</b> _____

<b>SCISA BOARD REP:</b> _____	<b>OCCUPATION:</b> _____
<b>EMAIL ADDRESS:</b> _____	<b>MAILING ADDRESS:</b> _____
<b>HOME #:</b> _____	<b>WORK #:</b> _____
<b>CELL #:</b> _____	

<b>PRESIDENT OF THE BOARD:</b> _____	<b>OCCUPATION:</b> _____
<b>EMAIL ADDRESS:</b> _____	
<b>MAILING ADDRESS:</b> _____	
<b>HOME #:</b> _____	<b>WORK #:</b> _____
<b>CELL #:</b> _____	

## STUDENT ENROLLMENT INFORMATION

<b>KINDERGARTEN (Include all 3, 4, &amp; 5K):</b>	<b>TOTAL KINDERGARTEN:</b> _____
<b>ELEMENTARY: (Include all 1<sup>st</sup> – 5<sup>th</sup>)</b>	<b>TOTAL ELEMENTARY:</b> _____
<b>MIDDLE:</b>	
<b>GRADE 6</b> <input style="width: 40px; height: 20px;" type="text"/>	
<b>GRADE 7</b> <input style="width: 40px; height: 20px;" type="text"/>	
<b>GRADE 8</b> <input style="width: 40px; height: 20px;" type="text"/> B <input style="width: 40px; height: 20px;" type="text"/> G	<b>TOTAL MIDDLE SCHOOL:</b> _____
<b>HIGH:</b>	
<b>GRADE 9</b> <input style="width: 40px; height: 20px;" type="text"/> B <input style="width: 40px; height: 20px;" type="text"/> G	
<b>GRADE 10</b> <input style="width: 40px; height: 20px;" type="text"/> B <input style="width: 40px; height: 20px;" type="text"/> G	
<b>GRADE 11</b> <input style="width: 40px; height: 20px;" type="text"/> B <input style="width: 40px; height: 20px;" type="text"/> G	<b>TOTAL HIGH SCHOOL:</b> _____
<b>GRADE 12</b> <input style="width: 40px; height: 20px;" type="text"/> B <input style="width: 40px; height: 20px;" type="text"/> G	<b>GRAND TOTAL:</b> _____

Describe the school's admissions requirements for first grade and above:

Does the school have a learning disability component? If yes, describe:

Number of 2017 graduates:  Percent accepted to college:

2017 Average SAT score (Math/Verbal)  Number of 2017 scores (Math/Verbal) over 1,100:

**Which nationally normed testing service do you use for your standardized testing?**  
(Stanford, ACT/Aspire, Terra Nova, MAP, ERB, etc.)

**SCHOOL STAFF**

Primary Clerical  Full or P/T   
NameEmail

Bookkeeper  Full or P/T   
NameEmail

Librarian  Full or P/T   
NameEmail

Guidance Counselor  Full or P/T   
NameEmail

Total # Full-time Teachers  Total # of Part-time Teachers  Total # Master Teachers

Percent holding a current Teaching Certificate  Percent Holding Masters' Degree

Percent Holding Doctorate Degree

**School Administration (in addition to Head of School)**

1. \_\_\_\_\_  
NameTitleEmail
2. \_\_\_\_\_  
NameTitleEmail
3. \_\_\_\_\_  
NameTitleEmail
4. \_\_\_\_\_  
NameTitleEmail

**SCISA ACTIVITIES DIRECTOR (Required)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Cell Number

**ATHLETIC DIRECTOR**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Cell Number

## FINANCIAL INFORMATION

Average Yearly Salary of Full-time Teachers <input style="width: 100px;" type="text"/> (1 <sup>st</sup> grade and up, do NOT include coaches, admin., or Kindergarten)	Estimated Yearly Payroll <input style="width: 100px;" type="text"/> (Include all staff)	
Average tuition cost per student, per year: <input style="width: 150px;" type="text"/>	Actual tuition fees: K5 <input style="width: 100px;" type="text"/>	
Grades 1-5 <input style="width: 80px;" type="text"/>	Grades 6-8 <input style="width: 80px;" type="text"/>	Grades 9-12 <input style="width: 80px;" type="text"/>
Testing/Application <input style="width: 100px;" type="text"/>	Book Fee <input style="width: 100px;" type="text"/>	Building Fund <input style="width: 100px;" type="text"/>
Registration Fee <input style="width: 100px;" type="text"/>	Extended Care <input style="width: 100px;" type="text"/>	Other (List)
Does the school have liability insurance coverage for officers & directors? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, coverage <input style="width: 80px;" type="text"/> For faculty <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, coverage <input style="width: 80px;" type="text"/>		
Estimated total value of physical plant: <input style="width: 150px;" type="text"/> Number of classrooms: <input style="width: 80px;" type="text"/>		
Is your school served by a daily _____, or weekly _____ newspaper? Please list the newspaper(s), contact person for <u>educational releases</u> (please indicate), complete mailing address, phone, FAX and e-mail.		

Newspaper/s: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Mailing address: \_\_\_\_\_

### SUMMARY OF 2017 - 2018 GROSS SCHOOL DAYS:

- Total number of STUDENT SCHOOL DAYS
- Total number of TEACHER WORK DAYS
- Total number of SCHOOL DAYS 2017 - 2018

### PLEASE FURNISH A COPY OF:

- ◆ Your 2017-2018 School Calendar.
- ◆ Directions to your school.
- ◆ An accurate map to your school indicating major interstates, highways, and landmarks.
- ◆ The names and contact information (include: mailing address, both home and cell numbers, and email address) of your 2017-2018 Board members.
- ◆ This information is for the SCISA office only.

## 2017 - 2018 Faculty Listing

<b>Name Last, First (Alphabetical Listing)</b>	<b>Subject Area/Grade</b>	<b>E-mail Address (Required)</b>	<b>Sponsors which SCISA event/s?</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

**Please list improvements completed during the previous  
(2016-2017) school year:**

(Use a separate page if necessary)

**Academic improvements:**

1.
2.
3.

**Physical plant or facility improvements:**

1.
2.
3.

**Personnel additions and professional improvements:**

1.
2.
3.

**Athletic additions and improvements:**

1.
2.
3.

**Miscellaneous:**

1.
2.
3.

**COMMENTS:**

_____
_____
_____
_____

I certify that the information provided in this document is accurate.

\_\_\_\_\_  
Signature of Head of School

\_\_\_\_\_  
Date