The South Carolina Independent School Association Membership Application Form

Office Use Only

Please send completed application to	nd completed application to	Please send
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Email: Mr. Robbie Braciszewski, <u>rbraciszewski@scisa.org</u> Mail: SCISA - PO Drawer 690 - Orangeburg, S. C. 29116			Date Received Contacted Visited Approved	
Date:			Notified	
Name of School:		Phone #	#	
Head of School:		Website	e:	
Email:		Founded	ed: Grades Served:	
Mailing Address:		Physical Address:		
 Please include 3 suitable dates for y <i>This visit is not for accreditation pu</i> Suitable dates: 	urposes, but for in	nformation	n purposes only.	
Membership Informa			Athletic Information	
Applying for: Academic Year Academic Membership (Does not include Athletics)			Athletic Director's Name	
Full Membership (Inc	ludes Athletics)		Athletic Director's Email (if applicable)	
	Accreditation	Information	<u>ion</u>	
Are you currently accredited? Y / N				
If yes, accredited by:	Next evaluation date:			
Are you seeking SCISA accreditation:	Yes	No		
STUD	ENT ENROLLM	MENT INFO	FORMATION	
Total Kindergarten Studen	ts (Include all 3,	4, & 5K)		
Total Elementary Students	(Grades 1-5)	,		
Total Middle School				
Total High School				
GRAND TOTAL OF ALL	STUDENTS			
6 th 7 th 8 th 9	9 th 10 th	11 th 1	12 th	
Girls:				
Boys:				