

KENTUCKY NON-PUBLIC SCHOOLS COMMISSION, INC.
APPLICATION FORM FOR SCHOOLS ACCREDITED BY OTHER
AGENCIES 2020-21

School Name: _____

School Address: _____

School Phone: _____ Fax: _____

Email Contact: _____

School Website Address: _____

Principal's Name: _____

Name of Accreditation Agency: _____

School Year First Accredited: _____ Date of Next Renewal: _____

Please include the following:

- A copy of the school's latest accreditation report, and its **currently valid accreditation document** (i.e. letter, certificate, etc.);
- Any updated school goal statements;
- \$250.00 annual fee, made payable to The KyNPSC, Inc..

_____ School wishes to apply for NEW certification under the direction of the Kentucky Non-Public Schools Commission, Inc. I understand that our school may receive certification, through the KyNPSC, Inc., from the Kentucky Board of Education following its consideration and approval of accreditation documentation submitted by the School. The school agrees to pay an annual fee to the KyNPSC, Inc., and to complete and submit an Annual Report and supporting documentation on forms provided by the KyNPSC, Inc. I understand that failure to do either may result in the suspension or revocation of the School's certification.

Administrator's Signature: _____ Date: _____

Please return to:

The KyNPSC, Inc.
1125 Madison Avenue
Covington, Kentucky 41011-3115