**COVER PAGE FOR SAES *SELF-STUDY***

**School Name:**

**School Address:**

**City, County, State, Zip:**

**School Website:**

**School Phone #: Date:**

**ACKNOWLEDGEMENT OF THE SAES MEMBERSHIP and ACCREDITATION REQUIREMENTS**

1. The school shall retain its membership in the Association.
2. The school shall be affiliated with The Episcopal Church (TEC) that is part of the Anglican Communion. The school shall be a parish day school, a school owned or administered by a diocese or religious order or group of parishes, or an independent school which espouses the faith and worship of the Episcopal Church in America as set forth in the Book of Common Prayer, and operates with the knowledge and consent of the Bishop of the diocese.
3. The school shall be a non-profit institution 501(c)(3) or part of a non-profit institution.
4. Implement employment and admissions policies, in keeping with its mission and culture, as well as its practices reflect the Episcopal tradition of respect for the dignity of every human being. The school promotes an equitable, just, and inclusive community, and its policies and practices shall reflect accordingly.  Unlawful discrimination has no place in SAES schools. A school is expected to abide by a non-discrimination policy that complies with IRS regulations.
5. The school shall be in, at least, its third year of operation.
6. The school shall meet its SAES financial (membership & accreditation dues and fees).
7. The school shall demonstrate commitment to on-going school improvement and fulfill the requirements of the SAES accreditation process.
8. The school shall complete the SAES *Annual Report* and participate in *Data Analysis for School Leadership (DASL)* as directed by SAES.

***Completion of this section indicates that the report has been reviewed and approved by the Head of School and President of the Board of Trustees.***

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**Head of School (printed name) Head of School (signature)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**President of Board of Trustees (printed name) President of Board of Trustees (signature)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

***Head of School E-mail:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Board President E-mail:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Rector (if applicable) Name and E-Mail:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Steering Committee Chair* (Self-Study Coordinator):**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Steering Committee Members:***