



1420 4<sup>th</sup> Ave., Ste. 29  
Canyon, TX 79015  
Office: 806.655.2400  
Toll Free: 866.655.7237  
www.swaes.org

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## Application for Accreditation For SAES Member Schools

### Criteria for Membership & Accreditation:

- The school shall retain its membership in the Association.
- The school shall be affiliated with the 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 TEC as set forth in the Book of Common Prayer and operates with the knowledge and consent of the Bishop of the diocese.
- The school shall be a non-profit institution (501(c)3) or part of a non-profit institution.
- In keeping with its mission and culture, the school's employment and admissions policies and 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. The school must adopt and publish a non-discrimination policy consistent with IRS guidelines. The school shall make every effort to provide tuition assistance and shall publish these facts throughout the community.
- The school shall be in, at least, its third year of operation.
- The school shall meet its SAES financial (dues and fees) and reporting obligations.
- The school shall demonstrate commitment to on-going school improvement and shall fulfill the requirements of the SAES accreditation process. (accredited schools only).
- The school shall complete an *Annual Report* and is encouraged to participate in *Data Analysis for School Leadership (DASL)*.

This application expresses the school's interest in becoming an accredited member of the Southwestern Association of Episcopal Schools. This application should be completed and returned to the SAES office with the correct fee.

Date of Application: \_\_\_\_\_ Name of School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Diocese: \_\_\_\_\_ Year school began operations: \_\_\_\_\_

Head of School: \_\_\_\_\_ Email \_\_\_\_\_

Grades: \_\_\_\_\_ Total Enrollment \_\_\_\_\_

**For Schools Seeking Dual Accreditation:**

**The school currently holds accreditation from the following organization(s):**

Agency \_\_\_\_\_ Expiration \_\_\_\_\_

Agency \_\_\_\_\_ Expiration \_\_\_\_\_

This application must be signed by both the Head of School and the President of the Board. Please make check payable to SAES and mail to 1420 4<sup>th</sup> Ave., Canyon, TX 79015, with the correct fee:

Early Childhood Schools with up to 60 students	\$334
Early Childhood Schools with more than 60 students	\$434
All other Schools	\$868

Head of School (Printed Name)

\_\_\_\_\_

President of Board (Printed Name)

\_\_\_\_\_

Head of School (Signature)

\_\_\_\_\_

President of Board (Signature)

\_\_\_\_\_

## Criteria for Membership

Yes No

\_\_\_ \_\_\_ 1. The school is affiliated with the Episcopal Church which is part of the Anglican Communion. It is a parish day school, a school owned or administered by a diocese or religious order of parishes, or is 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.

The school is a \_\_\_ parish day school, \_\_\_ diocesan school, \_\_\_ independent school,  
other: \_\_\_\_\_.

If a parish day school, note the name of the rector:

\_\_\_\_\_.

Yes No

\_\_\_ \_\_\_ 2. The school is a nonprofit institution (501(c)(3) or part of a non-profit institution.

Yes No

\_\_\_ \_\_\_ 3. The school does not exclude students because of race, creed, national origin, or insofar as possible, economic status. The school makes every effort to provide financial aid and shall publish this information throughout the community.

I have reviewed the membership criteria and certify that \_\_\_\_\_ meets  
all criteria for membership. (School Name, City and ST)

\_\_\_\_\_  
Head of School's Signature

\_\_\_\_\_  
Date