



1420 4<sup>th</sup> Ave., Ste. 29  
Canyon, TX 79015  
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## Application for Membership

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

\_\_\_\_\_

Date of Application

Name of School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel/Fax/Web \_\_\_\_\_  
Telephone Fax Website

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

Date of Appointment \_\_\_\_\_ Title \_\_\_\_\_

Email address \_\_\_\_\_

The school is located in which Diocese? \_\_\_\_\_ The school began operations in (month, year) \_\_\_\_\_

Total Enrollment \_\_\_\_\_

Grades (circle): Infants – 35 mo. (specify age \_\_\_\_\_) PK3's PK4's K

1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

Person responsible for governance along with Head of School (chairman of the board, rector, etc.):

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

## 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