



1420 4th Avenue, Ste 29
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Connie Wootton
Executive Director

Arizona ~ Arkansas ~ Louisiana ~ New Mexico ~ Oklahoma ~ Texas

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 _____
Street _____

City _____ State _____ Zip _____

Tel/Fax/Web _____
Telephone _____ Fax _____ Website _____

Head of School _____

Date of Appointment _____ HOS Title: _____ HOS Phone Ext: _____

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

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

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