

## The Commission for Oceti Sakowin Accreditation Application for Accreditation

DATE OF APPLICATION \_\_\_\_\_

SCHOOL NAME		
SCHOOL LEADER	TITLE	PLEASE CHECK ONE <input type="checkbox"/> DR. <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> OTHER
MAILING ADDRESS		
PHONE NUMBER	FAX NUMBER	EMAIL
CONTRACT/LEGAL AUTHORITY (if applicable)		
MAILING ADDRESS		
PHONE NUMBER	FAX NUMBER	EMAIL

**1. INSTITUTIONAL STATUS. The school is: (Mark with X all that apply)**

- Alone on the site
- Within a complex that includes other schools
- A division or sub-division of a larger school – What is the larger school? \_\_\_\_\_

**2. CURRENT GRADES, LEVELS, OR AGES OF STUDENTS (Mark with X)**

- Infant or toddler *ages birth to 2*
- Early Childhood *ages 3 – 4*

2.1 Please mark an (X) by all grades included

- |                                  |                                  |                                   |                                      |
|----------------------------------|----------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> KG      | <input type="checkbox"/> Grade 4 | <input type="checkbox"/> Grade 8  | <input type="checkbox"/> Grade 12    |
| <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Grade 5 | <input type="checkbox"/> Grade 9  | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Grade 2 | <input type="checkbox"/> Grade 6 | <input type="checkbox"/> Grade 10 |                                      |
| <input type="checkbox"/> Grade 3 | <input type="checkbox"/> Grade 7 | <input type="checkbox"/> Grade 11 |                                      |

2.2 Does the school offer a secondary diploma?  Yes  No

2.3 Does the school offer the International Baccalaureate Program?  Yes  No

2.4 Does the school offer a special method, e.g. Montessori, Waldorf, special magnet?  Yes  No  
If yes, please specify the method:

	<input type="checkbox"/>	<input type="checkbox"/>	
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If “yes”, please mark an (X) by all those that apply:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Cognitively Impaired | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Socially/Emotionally Impaired |
| <input type="checkbox"/>                      | <input type="checkbox"/>                   | <input type="checkbox"/>                               |

- Physically Impaired                      Specific Learning Disability                      Other \_\_\_\_\_
- Speech Impaired                       Gifted/Magnet
- Hearing Impaired                       Adjudicated

What are these accommodations?

- Inclusion with other students                       Resource Room
- Educational Technology                       Other \_\_\_\_\_

2.6 Does the school plan to add grades or special programs in the near future?  Yes  No

If yes, please describe:

**3. CURRENT STUDENT ENROLLMENT**

Full time    Male \_\_\_\_\_                      Female \_\_\_\_\_                      Total \_\_\_\_\_

Part time    Male \_\_\_\_\_                      Female \_\_\_\_\_                      Total \_\_\_\_\_

**4. NUMBER OF CERTIFIED TEACHERS**

Full time \_\_\_\_\_                      Part time \_\_\_\_\_

**5. LANGUAGE(S) OF INSTRUCTION (if bilingual, please check both)**

- Lakota                       Dakota                       Nakota
- English                       Spanish                       Other \_\_\_\_\_

What, if any, provisions are made for students who are not native speakers of the school's language of instruction?

**6. DO ALL SCHOOLS IN THIS SCHOOL'S GROUP HAVE IDENTICAL:**

- |                       |  |                      |  |
|-----------------------|--|----------------------|--|
| Curricula             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Salary Schedules     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tuition               | <input type="checkbox"/> Yes <input type="checkbox"/> No | Mgmt & budget system | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Organizational format | <input type="checkbox"/> Yes <input type="checkbox"/> No | Student records      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**PLEASE READ BEFORE SIGNING**

It is understood that upon acceptance of this registration by COSA, our school is entered into the COSA accreditation protocol and will commence payment of the annual dues as indicated below. This amount remains the same for candidacy and accreditation maintenance. It will be the only

annual payment our school may be charged by COSA and cannot be changed without prior notice of one year before the effective date of any change.

It is understood that COSA will contract with the regional school commission that provides accreditation for all schools in our region for the general year-to-year services required for our accreditation. The annual fee paid to COSA covers this general service. Schools wishing to acquire regional accreditation in addition to COSA are advised to notify COSA in writing upon the successful completion of the COSA accreditation protocol. COSA will direct the school to the appropriate regional accrediting authority to determine if its standards are also met.

\_\_\_\_\_  
SCHOOL LEADER NAME

\_\_\_\_\_  
SCHOOL LEADER SIGNATURE

\_\_\_\_\_  
DATE

<b><u>Annual Fees (July 1 - June 30)</u></b>	
Early Childhood Only	\$ 500.00
Pre-K/Elementary Only	\$ 500.00
Secondary Only	\$ 500.00
K-12	\$ 700.00