Grace Association of Private Schools

Renewal Application for Private School Accreditation

Name of School	Administrator's Name	
School Phone number	E-mail address _	
Physical Address of School		
Mailing Address if different from above County School is located in		
School year applying for <u>2024-2025</u> All memberships expire on June 30.	Dues are \$400.00 pe	er school annually (nonrefundable).
Credit card #	Expiration date	CVV#
Name on Card		Amount Enclosed
Visa / MasterCard /AMEX/Discover ** Please include a school calendar for upcon regularly any day of the work week.	Check or money c	orders accepted. (non-refundable)
L cortify that	(22	ma of school) assumes liability for
I certify that the activities of the school		
that the school will indemnify and hold harm		
agents, and employees from any and all liabil		
judgments arising from injury to persons or p		
act or negligence of the school, its agents and		
activity of the school.		<u> </u>
Furthermore, our school will have a represen	tative attend and partic	cipate in the Annual GRACE
Association of Private Schools Conference in I	Florence.	
We understand that full payment of dues is to 30 days (August 30), the school will be dropp	· · · ·	
I understand that failure to fulfill any one of t	he above responsibiliti	as may result in probationary status
for our school or dismissal from the Associati	•	
School Administrator	Da	ate
Home Address of Administrator		
Home Phone (or cell) of Administrator		
Grace Association of Private Schools reserves	the right to refuse any	membership application.

Grace Association of Private Schools E-mail us – <u>contactus@gsaeducators.com</u> Phone - 843-667-9777

3336 W. Palmetto Street, Florence, SC 29501 Web page - gsaeducators.com/gaps.pdf Fax -843-667-8833