

Tennessee Association of Church-Related Schools (TACRS)

Application for Membership/Renewal of Membership

I. Identifying Information

School Name: _____

Administrator/Principal: _____

Administrator's Email: _____

School Mailing Address: _____

City, State, & Zip: _____

Street Address (if different): _____

City, State, & Zip: _____

School Phone Number: _____

School Website URL: _____

Sponsoring Church: _____

Pastor's Name: _____

Pastor's Phone Number: _____

Pastor's Email: _____

Denomination or Affiliation: _____

Church Address: _____

City, State, & Zip: _____

Note: TACRS requires that all member schools and their sponsoring churches must be physically located in the State of Tennessee.

II. School Policies & Info

1. Please enclose a copy of the school handbook and/or policy manual.
2. Please indicate the beginning and ending dates of your school year: _____
3. Is your school organized as a **for-profit** or **not-for-profit** organization? (circle one)
4. Will your school function as an umbrella school for homeschooling families? _____
5. Will your school hold classes at the address above with teachers and students physically present? _____ If yes, how many days a week will you meet? _____

Note: The Tennessee Dept. of Education will require a Fire Marshal's Inspection for all schools hosting teachers and students for weekly classes on-site.

III. Agreement with TACRS Statement of Faith

I/we declare that the leadership of our school is of good moral character; and subscribes to the historic creeds of the Christian church (Apostles, Nicene, Chalcedon); and recognizes the authority of the Scriptures in all matters of faith and practice. Further, we agree to abide by the **TACRS Education Guidelines**.

Administrator/Principal: _____

Date: _____

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IV. Enrollment as of September 15th:

Kindergarten_____			Total Enrollment:_____
1st_____	5th_____	9th _____	
2nd_____	6th_____	10th_____	Total Number of Teachers: _____
3rd_____	7th_____	11th_____	
4th_____	8th_____	12th_____	

V. Fees

TACRS annual membership fee is \$5.00 per student with a minimum of \$300 and a maximum of \$1500 for any individual school. Number of students is based on enrollment on September 15th.

Schools applying for membership after September 15th for the current academic year will be assessed fees based on their enrollment on the date of their application to TACRS. 50% of the fee is due with the application, the balance due within 90 days of approval. If your application is not approved, all fees will be returned (less a \$50.00 processing fee).

VI. Revocation of Membership

TACRS may revoke a school's membership at any time before the annual expiration date. A ninety-day notice will be given to the school's administrator, advising them that a school's membership status is being revoked with the reason duly stated. Said school may appeal the decision to the TACRS Board of Directors if such appeal is made in writing within the ninety-day period.

I certify that our school wishes to apply for membership in TACRS and that all of the information on this application is correct. I further certify that I have read the Rules of the Tennessee State Board of Education regarding Category IV Schools and that our school will abide by them.

Administrator/Principal_____ Date:_____

Please mail completed application and fees (check made out to TACRS) to:

Tennessee Association of Church Related Schools
1570 Old Laguardo Road East
Lebanon, TN 37087

Please also send (via email) a photograph or two of the exterior and interior of your school building.

For questions or further information, please contact :

Rob Shearer, President, TACRS
rob@tacrs.us
or send text or call 615-525-1950