

SCHOOL REQUEST FOR LUMEN ACCREDITATION

Welcome! To begin the process of bringing Lumen Accreditation to your school, please complete the information found below.

School Information

Postal Code:

School Characteristics

Please	indicate	your typ	pe of scho	ool:								
All boy	All boys All girls						Coeducational					
a 1	c	1	(1	. 1.		1 \						
	s for accr		-									
K	1	2	3	4	5	6	7	8	9	10	11	12
Total e	enrollmer	nt:										
If a K-	12 or 6-12	school:										
	Grades	K-5 en	rollment:		_							
	Grades	6-8 enr	ollment:		_							
	Grades	9-12 en	rollment	:								
Numb	er of clas	sroom to	eachers									
l otal i	number o	f school	starr:									
Doesy	our scho	ol offer	an early l	earning	program	(pre, pre	e-k)? Y	es / No				
	what is th			U U	1 0	4 / 1						
Licens	ed by:											
Licens	e expirat	ion date	:									
Licens	e capacity	y:										
Please note that we do not currently offer accreditation for early learning programs.												

Does your school or program have additional campuses or locations? (yes/no)

If so, please list the address of each:

Does your school or program have plans to add grades or special programs in the future? (yes/no) If so, please explain: ______

Instructional Delivery

Please check one:

- __Online
- __ In Person
- __ Both

Demographic Information (Race)

Please reference your NCEA data form and indicate the percentage of students in the school who are:

American Indian/Native Alaskan:	_%
Asian:%	
Black%	
Native Hawaiian/Pacific Islander:	_%
Multiracial:%	
White:%	
Unknown:%	

Demographic Information (Ethnicity)

Please reference your NCEA data form and indicate the percentage of students in the school who are: Hispanic/Latino: _____% Not Hispanic/Latino: _____%

School Governance Information

Check the applicable designation and complete relevant information.

Parish School

State:	Postal Code:
on currently serve at your s	school? Yes/No
	State:

If yes, how many? ____

✓ Independent School

Are you formally affiliated with the Catholic Church as described in Canon 803 §1? Yes / No / Other If 'Other', please briefly describe ______

Can. 803 §I. A Catholic school is understood as one which a competent ecclesiastical authority or a public ecclesiastical juridic person directs or which ecclesiastical authority recognizes as such through a written document.

Consortium Member

Name of Consortium: ____

Are you formally affiliated with the Catholic Church as described in Canon 803 §1? Yes / No / Other If 'Other', please briefly describe ______

Can. 803 §I. A Catholic school is understood as one which a competent ecclesiastical authority or a public ecclesiastical juridic person directs or which ecclesiastical authority recognizes as such through a written document.

Current Accreditor

Are you currently accredited under another agency? yes/no If yes, which one?

Diocesan Information

Please complete the information for your local diocese even if your school is an independent or congregational school.
Diocese Name:
State:
Bishop:
Catholic Schools Office? (yes/no)
Superintendent of Catholic Schools:
Name (first, last): Dr 👻
Position:
Email:
Phone:
Catholic Schools Office Webpage:

Contacts for Accreditation

Head of Sch	1001 / Primary Contact
Nar	me (first, last): Dr 🔪
Post	ition:
Em	ail:
Pho	ND6.

Secondary Contact

Name (first, last): Dr -
Position:
Email:
Phone:

Billing Contact

Name (first, last): Dr 🔹		
Position:		
Address:		
City:	State:Postal	Code:
Email:		
Phone:		

Additional notes or comments for Lumen staff:

For Office Use Only
Date Received:

Date Accepted: _____