

Application for IMC School Accreditation Candidacy



International Montessori Council School Accreditation Commission
Application Form for IMC School Accreditation Candidacy

Statement of Compliance

On behalf of our school, I certify that we meet the following basic criteria and hereby apply for candidacy status to begin the International Montessori Council School Accreditation Program.

We are an IMC school-level member in good standing.

We have completed three or more full years of educating students.

We have read and understand the standards and can meet or are actively working to meet all standards at Level 3 or Level 4

Date of Application: _____

School Name: _____

School Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Chair of our Self-Study Committee: _____

Email: _____ School Web site: _____

Telephone: _____ Fax number: _____

Name of Head of School: _____ Head of School Email _____

Number of Sites: _____

Number of Classrooms: _____

Number of Head Teachers/Guides: _____

Number of Assistant Teachers/Guides: _____

Number of administrative & other staff _____

Total number of students enrolled: _____

Maximum number of students that can attend our school at one time: _____

Age levels taught: Infant _____ Toddler _____ Early Childhood: _____ Age 6 to 9: _____ Age 9 to 12: _____

Middle School: _____ High School _____

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Structure of school

Nonpublic For Profit _____ Nonpublic Non Profit _____ Public School _____ Charter School _____

Faith-Based _____ Non-sectarian _____

Legal Structure: Proprietorship _____ Partnership _____ Corporation _____ LLC _____ Other: _____

We are accredited by other organization/s (list all)	Effective Date	Renewal Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____

We confirm our understanding that we will have two years to complete and submit our accreditation self-study. If we have not done so within this time frame, we understand and agree that we will need to reapply and pay all application fees for candidacy status as per current IMC policy. If unforeseen circumstances prevented us from completing the self-study within the timeframe, we understand that we may apply for a one-time extraordinary extension of candidacy status by written request (Form on IMC website) for \$200.

We understand and agree that if our school decides to withdraw from the IMC School Accreditation process, we will notify the IMC membership director and school accreditation director either on our IMC renewal form or by email for official record-keeping purposes. No monies will be refunded for schools withdrawing from the process.

Start Date for Accreditation Process: _____

I understand that this is the first step in the process and our application will be reviewed before we are officially accepted as a candidate for IMC School Accreditation.

I certify that information in this Accreditation Application is true and accurate. By signing, I certify that I am authorized to commit our school to the process of seeking IMC School Accreditation and that the school will fulfill all of its obligations, including time and financial commitments, to the International Montessori Council and to each of the organizations and people who are involved in the process.

I have reviewed the Standards for Accreditation and this school will accept the decision of the International Montessori Council as to whether the school has successfully completed the process for accreditation.

I recognize that accreditation of this school by the International Montessori Council is for the purpose of establishing that the school has verified that it is operating in the manner as stated in its Accreditation documents at the time they are submitted, and that the International Montessori Council does not take any responsibility for the school's operations.

I understand that accreditation will not guarantee that our school will be authorized to operate in any jurisdiction and that the International Montessori Council will not be liable for any direct or consequential damages for granting or denying Accreditation to our school.

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I have attached a copy of the Faculty Educational Credentials Form for our school.

Head of School's signature: _____

Name Printed: _____ Date: _____

Accreditation Application Fee Paid Today: \$ _____ (See calculation

\$5 US per enrolled student as of the first day of the present school year
Minimum Application Fee \$150 USD, maximum \$500 USD, for each site. (Please contact us if you have multiple sites for clarification.)

Signed: _____

Print Name: _____

Print Title: _____

Payment accepted:

Check made payable to The International Montessori Council (IMC is acceptable)

Credit Card: Number _____ Exp: _____

Name on card: _____

Email for receipt: _____

Wire Transfers from foreign countries can be accepted but carry an additional \$30 USD fee. Please contact: IMC@montessori.org for details.

International Montessori Council: 19600 State Road 64 East, Bradenton, FL 34212

1-941-729-9565 (phone) • 1-941-745-3111 (fax) • IMC@montessori.org (email)