

Georgia Association of Christian Schools

1551 Jennings Mill Road; Suite 2100-A
 Bogart, GA 30622
 (706) 549-2190

APPLICATION FOR CERTIFICATION

Instructions: (1) Answer all appropriate questions. (2) Attach check for \$30 (\$20 for renewal, \$15 for upgrade) payable to GACS. (3) **Do not submit unless OFFICIAL copy of college transcript is enclosed. (Personal copies cannot be accepted.) Is OFFICIAL copy of transcript enclosed?** Yes No

Name: _____ Phone: () _____

Street address: _____

City and State: _____ ZIP: _____

Maiden Name (If applicable): _____

Type of certificate requested: Circle One

Paraprofessional Early Childhood Elementary Middle School Secondary Counselor Administrator

If Secondary, indicate Major Field desired for certification _____ Minor Field _____

New Application for Certification _____ Renewal Application for Certification _____

Total number of semester (or quarter) hours in Major Field desired for certification _____ semester or quarter hours (Circle one)

Total number of semester (or quarter) hours in Minor Field desired for certification _____ semester or quarter hours (Circle one)

DO NOT WRITE HERE For Official Use Only
Date received _____
\$30 fee received (\$20 renewal) _____
Upgrade \$15 _____
Transcript received _____
Date cert. issued _____
Paraprofessional _____
Early Childhood teacher _____
Elementary teacher _____
Middle School teacher _____
Secondary teacher _____
Counselor _____
Administrator _____
Endorse. #1 _____
Endorse. #2 _____
Expiration date _____

Colleges Attended	City and State	Dates	Degrees	Major/Minor

Experience (List latest first):

Name of School	Address	Dates	Position
1.			
Class level or subjects taught: _____			
2.			
Class level or subjects taught: _____			
3.			
Class level or subjects taught: _____			

(Continue on back as necessary.)

Experience: Years in Christian schools _____ Years in non-Christian schools _____ Total Years of school experience _____

I certify that the above information is accurate and that I subscribe without reservation to the GACS statement of faith.

Date _____ Applicant's Signature _____

APPROVAL OF APPLICANT BY MEMBER SCHOOL

An administrator or board member must certify verification of employment and recommendation.

Name of school _____ City _____

I certify that the applicant is employed for the current school year by our school and is recommended by me as being qualified for the certificate requested above.

Signed _____ Title _____ Date _____