

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 ___ Already on file for renewal**

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.

**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 _____

Name of school _____ City _____