

# Georgia Association of Christian Schools

157 Holly Hills Drive  
Athens, GA 30606  
(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)	_____
\$50 Expired	_____
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 \_\_\_\_\_