



CONSORTIUM REQUEST FOR LUMEN ACCREDITATION

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

Consortium Information

Name of Consortium: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Consortium Email: _____

Consortium Phone: _____

Consortium Website: _____

Consortium Director

Name (first, last): Dr ▾ _____

Position: _____

Email: _____

Phone: _____

Consortium Characteristics

Number of Schools (total): _____

Elementary ____ Middle: ____ Secondary ____

Grades for accreditation (please check all that apply):

K 1 2 3 4 5 6 7 8 9 10 11 12

Total enrollment: _____

Grades K-5 enrollment: _____ Grades 6-8 enrollment: _____ Grades 9-12 enrollment: _____

Number of classroom teachers: _____

Total number of school staff: _____

Does your consortium offer an early learning program (pre, pre-k...)? Yes / No

If yes, what is the total enrollment? _____

Licensed by: _____

License expiration date: _____

License capacity: _____

Please note that we do not currently offer accreditation for early learning programs.

Please indicate the types and number of schools within your consortium:

All boys _____

All girls _____

Coeducational _____

List states with consortium member schools: _____

Does your consortium have plans to add schools 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 consortium 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.

Independent Schools

Are you formally affiliated with the Catholic Church as described in Canon 803 §1? Yes / No / Other

If 'Other', please briefly describe _____

Can. 803 §1. 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.

Congregational Schools

Name of religious congregation: _____

Do members of the religious congregation currently serve at your schools? Yes/No

If yes, how many? _____

Current Accreditor

Are you currently accredited under another agency? yes/no

If yes, which one? _____

Diocesan Information

Please complete the information for the diocese in which your consortium is headquartered.

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 Consortium / Primary Contact

Name (first, last): Dr ▾ _____

Position: _____

Email: _____

Phone: _____

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: _____