|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| School Information | | | | | | |
| Name of Authority  (“Authority” indicates the legal name of the group operating the school) |  | | | | | |
| Name of School |  | | | | | |
| School Address |  | | | | | |
|  |  | | | | | |
| Year Founded |  | | Current Enrolment | |  | |
| Teaching Staff |  | | Support Staff | |  | |
| Group Class (drop down) | Choose an item. | | | | | |
|  | | | | | | |
| Governance Structure | | | | | | |
| School Authority is: | Choose an item. | | | | | |
| For Profit? | Choose an item. | | Number of Directors | | |  |
| Frequency of board meetings | |  | | | | | |
|  | |  | | | | | |
| Supporting Information | | | | | | |
| School goals, philosophy or strategic vision |  | | | | | |
|  |  | | | | | |
|  |  | | | | | |
|  |  | | | | | |
|  |  | | | | | |
| Date of last Ministry inspection |  | | | Copy provided | Choose an item. | |
| Date of most recent financial statements |  | | | Copy provided | Choose an item. | |
| Reasons for seeking AMS membership: |  | | | | | |  | |  |
|  |  | | | | | |  | |  |
|  |  | | | | | |  | |  |
|  |  | | | | | |  | |  |
|  |  | | | | | |  | |  |

Checklist: Along with this application, please submit the following documents:

Most recent External Evaluation Report. If statutory items were identified, please also provide a copy of the letter from the MoECC that confirms that these items have been addressed.

Most recent Financial Statement - audited preferred (schools in their first year of operation can submit a detailed budget in lieu of financial statement).

A diagram of the school (and property, if applicable)

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| --- | --- | --- | --- |
| Signed on behalf of the above-named applicant. | | | |
| Name |  | Position in Authority |  |
| Email |  | Phone |  |
| Signature |  | Date |  |