

GAPSEC

Georgia Association of Private Schools for Exceptional Children

13660 New Providence Road • Alpharetta, GA 30004 • 770-360-1336 • Fax: 770-360-1341

Membership Information and Application

Have been a member of GAPSEC Applying for Membership

School _____ Founded _____

Address _____

City _____ State _____ Zip + 4 _____

Web Address _____ Phone _____

Head _____ Title Used _____

Email _____ FAX _____

Admissions Director _____ Email _____

Grades Served: Gr. _____ to Gr. _____ Coed Single Sex Day Boarding Both

Religious Affiliation? _____

Non-Profit Profit (owner) _____

Students Enrolled Annually _____ Non Profit For Profit

Number of fulltime administrators _____ part time administrators _____

Number of fulltime faculty _____ part time faculty _____

Requirements for Administrators/Faculty who work with "special needs" students _____

Accredited by _____ Type/Status _____

Check Memberships: AAAS GISA SAIS NAIS Other _____

Currently approved for Georgia Special Needs Scholarship Students? _____ Seeking approval? _____

Number of GSNS students currently enrolled? _____ Annual Tuition \$ _____.

Mission

Primary mission is for "special needs" Distinct special program within the school

Please include the following with this form:

Mission of School or description/mission of distinct special program

Other information or brochures about your school/program

If not the head, the name and email address of the person who heads the "special needs" program

_____ Admissions information (requirements/criteria? rolling admissions? Specific deadlines? tuition/payments?)

We have read the code of ethics and we agree to abide by and uphold these standards: Yes No

Signature of Head of School: _____

Person Completing Form _____ Date _____