



Application for MEPI School Accreditation Candidacy

Candidacy Statement of Compliance

On behalf of _____, I certify that we meet the following basic criteria and hereby apply for candidacy status to begin the Montessori Educational Programs International School Accreditation Program.

- We are MEPI Silver school-level member in good standing.
- We have completed three or more full years of educating students.
- We have read and understand the standards and can meet or are actively working to meet all standards at Level 2 or Level 3

Date of Application: _____

SCHOOL CONTACT INFO

School Name: _____		
HOS _____	Contact Person _____	
HOS Email _____	Contact Person Email: _____	
Chair of Self-Study Committee: _____	Chair Email: _____	
School Address: _____		
City: _____	State/Province: _____	Postal Code: _____
Country: _____	School Phone Number: _____	
Email: _____	Website _____	

SCHOOL DATA

Number of Sites: _____	Number of Classrooms: _____
Number of Head Teachers/Guides: _____	Number of Assistant Teachers/Guides: _____
Number of administrative & other staff _____	Total number of students enrolled: _____
Maximum number of students that can attend our school at one time: _____	
Levels taught:	
Infant /Toddler _____	Early Childhood (3-6) _____
Elementary I (6 to 9) _____	Elementary II (9 to 12) _____
Adolescent (12-15) _____	
Structure of school: Private For Profit _____	
Private Non- Profit _____	Public School _____
Charter School _____	Faith-Based _____
Non-sectarian _____	
Legal Structure: Proprietorship _____	
Partnership _____	Corporation _____
LLC _____	Other: _____
We are accredited by other organization/s (list all) _____	
Effective Date _____	Renewal Date _____
_____	_____
_____	_____
_____	_____

- We confirm our understanding that we will have two years to complete and submit our accreditation self-study. If we have not done so within this time frame, we understand and agree that we will need to reapply and pay all application fees for candidacy status as per current MEPI policy. If unforeseen circumstances prevented us from completing the self-study within the timeframe, we understand that we may apply for a one-time extraordinary extension of candidacy status by written request for \$100. We understand and agree that if our school decides to withdraw from the MEPI School Accreditation process, we will notify the MEPI Executive Coordinator and School Accreditation Chair either on our MEPI renewal form or by email for official record-keeping purposes. No monies will be refunded for schools withdrawing from the process.

Start Date for Accreditation Process: _____

- We understand that this is the first step in the process and our application will be reviewed before we are officially accepted as a candidate for MEPI School Accreditation. I certify that information in this Accreditation Application is true and accurate. By signing, I certify that I am authorized to commit our school to the process of seeking MEPI School Accreditation and that the school will fulfill all of its obligations, including time and financial commitments, to the Montessori Educational Programs International and to each of the organizations and people who are involved in the process.

- We have reviewed the Standards for Accreditation and this school will accept the decision of the Montessori Educational Programs International as to whether the school has successfully completed the process for accreditation.
- We recognize that accreditation of this school by the Montessori Educational Programs International is for the purpose of establishing that the school has verified that it is operating in the manner as stated in its Accreditation documents at the time they are submitted, and that the Montessori Educational Programs International does not take any responsibility for the school's operations.
- We understand that accreditation will not guarantee that our school will be authorized to operate in any jurisdiction and that the Montessori Educational Programs International will not be liable for any direct or consequential damages for granting or denying Accreditation to our school.
- We have attached a copy of the Faculty Educational Credentials Form for our school.

Head of School's signature: _____

Name Printed: _____ Date: _____

Accreditation Application Fee Paid Today: \$ _____ (Please contact us if you have multiple sites for clarification.)

Signed: _____

Print Name: _____

Print Title: _____

Payments accepted:

1. Check made payable to Montessori Educational Programs International (MEPI) _____
2. Invoice through PayPal _____
3. Call the MEPI office with credit card information _____

Wire Transfer fees are paid by sender.

Please contact:

Mary Cusack - Executive Coordinator

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888-708-2470 fax

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