

APFA SCHOOL ACCREDITATION ASSESSMENT

Date: _____

Name of School: _____

Address: _____

_____ Post Code: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Owner: _____

Principal teachers: _____

Name of Assessor: _____

Phone: _____ Mobile: _____

Accreditation Renewal due date: _____

(Due in 3yrs from approval)

Level of Accreditation: **Gold** **Silver** **Blue**

(Circle which ever is appropriate)

Owner's Signature

Assessors Signature