

# National Lutheran School Accreditation FACE SHEET

(Revised September 2017)

*The form is to be used for every report that the NLSA National Office receives from the District Offices*

**LCMS District:** South Wisconsin District

**Date of Report:** \_\_\_\_\_

**Accreditation Type:**

Evidence-Based Accreditation (EBA)

Early Childhood OI

Early Childhood SB

Early Childhood (2017)

**Date of Most Recent NLSA Site Visit:** \_\_\_\_\_

**Type of Report Included:**

Self-Study Report

Validation Team Report

Cumulative Annual Report

**School Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City / State / ZIP:** \_\_\_\_\_

**School Administrator Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**School Consultant Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Validation Team Captain Name:**

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Individual Preparing Face Sheet:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_