



## Cognia / NLSA Annual Report

Submit an electronic copy of this report to the South Wisconsin District Office.

**School Name:**

**School Address:**

**LCMS District:**

**Principal:**

**Date of Most Recent Cognia External Review:**

<b>Accreditation Year:</b>	Preliminary	Year 1	Year 2	Year 3	Year 4	Year 5
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**Please describe any action taken to respond to the last External Review recommendations.**

(Please respond here.)

The information shared on this report is accurate to the best of my knowledge.

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Administrator's Signature

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Date