

National Lutheran School Accreditation

Cumulative Annual Report

Revised March 2025



PART I: SCHOOL INFORMATION

School Name:

Address:

City / State / ZIP:

School Administrator Name:

School Administrator Phone Number:

School Administrator Email Address: LCMS District:

Completed LCMS Annual Statistical Report:

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Completed MinistrySafe (or comparable program):

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Co-Accredited By (*If Applicable*):

<input type="checkbox"/>	Cognia
<input type="checkbox"/>	WASC
<input type="checkbox"/>	Middle States
<input type="checkbox"/>	CACLE

Date of Most Recent NLSA Site Visit:

Report is for Year (*Indicate One*):

<input type="checkbox"/>	Year One (site visit)
<input type="checkbox"/>	Year Two
<input type="checkbox"/>	Year Three
<input type="checkbox"/>	Year Four
<input type="checkbox"/>	Year Five

State Requirements: The school is aware of State Requirements and meets or exceeds those requirements:

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Administrator Signature: _____ Date: _____

Governing Authority Signature: _____ Date: _____

This report is due in your district office no later than May 9. The District Accreditation Committee will review by June 15 and submit any findings to the National Accreditation Commission in July.