**National Lutheran School Accreditation
FACE SHEET**

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

*NOTE: All fields must be completed below so the NLSA NAC Membership Committee is able to contact schools, Validation Team Captains and school Consultants prior to the NAC meeting if necessary.*

**LCMS District**:

**Date of Report**:

**Accreditation Type:**

|  |  |  |
| --- | --- | --- |
|  |  | Evidence-Based Accreditation (EBA) |
|  |  | Early Childhood (EC)  |
|  |  | Other |

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

**Type of Report Included:**

|  |  |  |
| --- | --- | --- |
|  |  | Self-Study Report (including Preliminary and Final School Action Plans) |
|  |  | Validation Team 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**:

Phone Number:

Email Address: