



APPROVAL OF MEMBERSHIP

For

Name of School.....

State.....Zone.....

Document

Initials

- | | |
|--|-------|
| <input type="checkbox"/> The application form with pupil /student population figures | |
| <input type="checkbox"/> The Membership fee | |
| <input type="checkbox"/> Proof that the school is registered with the local District/Local Education Department OR <input type="checkbox"/> is in the process of becoming registered | |
| <input type="checkbox"/> ACSI's signed Statement of Faith | |
| <input type="checkbox"/> ACSI's signed Code of Ethics | |
| <input type="checkbox"/> The school's Vision and Mission statement OR | |
| <input type="checkbox"/> The school's Constitution OR <input type="checkbox"/> Articles of Association | |
| <input type="checkbox"/> Signature of recommendation by the zonal co-ordinator | |

Documents received on: _____

The above school has complied with all the ACSI membership requirements.

Approved by: Director Nigeria _____

Date approved: _____

COMMENTS: _____
