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**INQUIRY THROUGH ORIGINAL EVALUATION**

Please complete **Part A** and email to malton@fcis.org in FKC Office.

**PART A**

|  |  |  |
| --- | --- | --- |
| **School** |       | Grades Covered:       |
| Address |       |
| City, State & Zip |       |
| Head Name |  |
| Head’s Title |  |
| Email and web site | Email:      Web site:       |
| Phone and Fax | Ph. :       Fax:       |
| Date School Established |       |
| **School Mission** |       |
| Type of School | [ ]  Nonprofit [ ]  Proprietary [ ]  Special Education   [ ]  Boys only School [ ]  Girls Only School [ ]  Boys & Girls School [ ]  Church/Temple/Mosque related School |
| Number of Students | Below age 2:       2-3 yrs:       4 yrs :        5 yrs :       Grade 1-3:       Above Grade 3:       |
| Current Enrollment |       |
| Age range |       |
| Other Campus Infoformation |       |
| Other Accreditations |       |
| Written Curriculum | [ ]  Yes [ ]  No |
| State scholarships accepted |       |

**PART B:** **For FKC Office Use Only**

|  |  |
| --- | --- |
| Date of Inquiry |  |
| Material Sent | [ ]  Standards [ ]  Letter [ ]  FKC Info  |
| Application Request |       |
| Application Sent |       |
| Application Returned  |        |
| Request Mentor |       |
| Mentor Assigned |       |
| Direction to School |       |
| Comments/Notes |       |