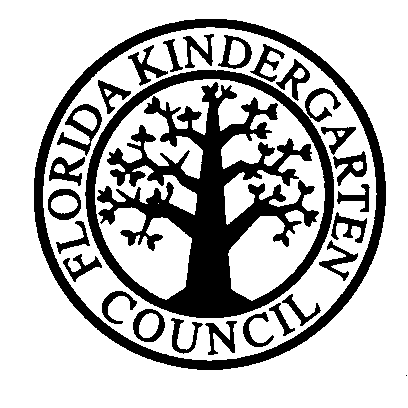
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**INQUIRY THROUGH ORIGINAL EVALUATION**

Please complete **Part A** and email to [malton@fcis.org](mailto: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 |  |