

## SCHOOL PROFILE SUMMARY REPORT

To be completed by the Principal, confirmed by the Evaluation Chairperson and submitted with the Visiting Committee Report.

### SCHOOL IDENTIFICATION:

School Name: \_\_\_\_\_ School ID: \_\_\_\_\_

Address: \_\_\_\_\_

Conference: \_\_\_\_\_ Union Conference: \_\_\_\_\_

Principal: \_\_\_\_\_ E-Mail: \_\_\_\_\_

School Type: \_\_\_\_\_ No. of Constituent Churches: \_\_\_\_\_ Membership: \_\_\_\_\_

### ENROLLMENT DATA: (Current School Year)

Opening Enrollment History and Projected Enrollment Total for ALL Grades					
3 Years Ago	2 Years Ago	1 Year Ago	Current Year	Next Year	In 2 Years

Percentage of Current Students from Adventist Homes: \_\_\_\_\_%

### PERSONNEL DATA: (Current School Year)

Number of Total Staff (FTE): Administrative: \_\_\_\_\_ Certificated Instructional: \_\_\_\_\_

PK-12 School Only: Number of Certificated Instructional (FTE): PK-8: \_\_\_\_\_ 9-12: \_\_\_\_\_

Number of Staff (Head Count) Part-time: \_\_\_\_\_ Classified/Support Staff: \_\_\_\_\_

### FINANCIAL DATA: (Last Fiscal Year)

Total Operating Expense (Last Fiscal Year): \_\_\_\_\_ Actual Increase (Decrease): \_\_\_\_\_

Total Tuition/Fees Income (as % all income): \_\_\_\_\_ Operating Expense Per Std: \_\_\_\_\_

### ACCREDITATION DATA:

Date of Prior Full Evaluation Visit: \_\_\_\_\_ Term Granted: \_\_\_\_\_

Date of Any Additional Visits: \_\_\_\_\_ Type of Visit: \_\_\_\_\_

### SIGNATURE:

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_