

**COUNCIL OF BILINGUAL SCHOOLS
(COBIS)
INITIAL APPLICATION**



Name of School: _____

Address: _____

Phone: _____ Fax: _____

Website: _____

E-Mail address: _____

Name of Director or School Head: _____

Title: _____

of years as Head of school: _____

Year school established: _____ Grades covered: _____ to _____

Number of Campuses: _____

Type of School: ___ Day ___ Boarding ___ Military
 ___ Co-educational ___ Boys only ___ Girls only
 ___ Religiously affiliated ___ Non-religious
 ___ Corporation for Profit ___ Not-for-Profit

Current student enrollment: (Indicate number of students)

Pre-School: _____

Elementary: _____

Middle School: _____

Secondary: _____

Number of Administrators: _____ Number of Faculty Members: _____

School is currently Accredited by (list any other organizations, if applicable):

List other Membership organizations: _____

Name of Head of School completing this form: _____

Signature: _____ Date: _____

(Note: The required **\$750.00 Application Fee** must accompany this form)