



Dear Prospective ISAAGNY Member:

Thank you for your interest in becoming a member of the Independent Schools Admissions Association of Greater New York (ISAAGNY). Please note that the criteria listed below must be met before we can start the application process. Schools applying for membership in ISAAGNY must be

- An independent school
- Accredited or Licensed for at least 5 years as per the following: **Ongoing Schools** must be accredited by the New York State Association of Independent Schools ([www.nysais.org](http://www.nysais.org)) or the Middle States Association of Colleges and Schools ([www.middlestates.org](http://www.middlestates.org)). **Early Childhood Schools** must be licensed by the New York City Department of Health and Mental Hygiene ([www.nyc.gov/html/doh/html/dc/dclh.html](http://www.nyc.gov/html/doh/html/dc/dclh.html)).
- Located in the greater New York area (including the City of New York; the counties of Nassau, Rockland and Westchester, New York; the counties of Bergen and Essex, New Jersey).
- Agree to abide by the ISAAGNY Membership Agreement.

If your school meets these criteria, please complete the attached one page application and send it to [coordinator@isaagny.org](mailto:coordinator@isaagny.org). Once we have received your application, we will send additional materials for membership. The process for completion and review of a membership application can take up to a year.

Thank you for your interest in ISAAGNY.

Sincerely,

Jenna King and Jennifer Grogan  
Membership Committee



Please submit the following documentation when applying for membership in ISAAGNY:

1. Proof of licensing, accreditation, or charter for at least 5 years.
  - For Ongoing Schools: NYS AIS or Middle School Accreditation
  - For Early Childhood Schools: NYC DOHMH Licensing
  - For both: Charter from the NYS DOE
2. School's statement of Non-discrimination
3. School's mission and philosophy
4. Letter of support from three ISAAGNY Member Schools, signed by Head of School, Admissions Director, or Division Head who is familiar with your school and who has visited your school at least once during the past two years.
5. An application fee of \$100.00 - We will send instructions about forwarding the fee upon receipt of the documents.

After receipt of the above, the Membership Committee will review the documentation and arrange for a visit to your school. Your application will be presented to the Board of Trustees for decision. Your organization will then be notified of the membership decision.

Please send documentation to [coordinator@isaagny.org](mailto:coordinator@isaagny.org).

Thank you again for your interest in ISAAGNY.



## Application for Membership to ISAAGNY

Name of School \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Head of School \_\_\_\_\_

Admissions Director \_\_\_\_\_

Division Heads \_\_\_\_\_

Year of School's Establishment \_\_\_\_\_ Enrollment \_\_\_\_\_

Earliest Grade or Age \_\_\_\_\_ Last Grade or Age \_\_\_\_\_

Type of School (Please check all that apply.)

<input type="checkbox"/> Early Childhood	<input type="checkbox"/> Ongoing
<input type="checkbox"/> Special Education/Inclusion	
<input type="checkbox"/> Co-educational	<input type="checkbox"/> Single Sex
<input type="checkbox"/> Day	<input type="checkbox"/> Boarding

NYS AIS Accreditation  yes  no

Middle States Accreditation  yes  no

New York City DOHMH License  yes  no

NAEYC Accreditation  yes  no

NYS Charter from DOE  yes  no

Has your school ever applied for membership in ISAAGNY? \_\_\_\_\_ What year? \_\_\_\_\_

Has your school ever been a member of ISAAGNY? \_\_\_\_\_ Year of Admission? \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_