



ISACS

ISACS Constituent Survey Order Form

(also available electronically on our website, at <http://www.isacs.org/accreditation/links/survey.asp>)

CONTACT INFORMATION

School Name _____
 Billing Address _____
 City _____ State _____ Zip _____
 Survey Contact _____
 Survey Contact E-mail Address _____
 Phone _____ Extension _____

SCHOOL INFORMATION

Co-ed ___ Boys Only ___ Girls Only ___
 Day Only ___ Boarding/Day ___ Boarding Only ___
 Grades Served: (Circle all that apply) EC JK K 1 2 3 4 5 6 7 8 9 10 11 12
 Total number of students in the school _____
 Religious Affiliation: _____
 Unique program(s) (e.g. Montessori, Gifted, Progressive, etc.) _____

SURVEY INFORMATION

Please indicate the approximate number of survey participants in each category.

	Approximate Number of participants
Students	
Parents	
Faculty	
Staff/Administration	
Trustees	
Alumni	
Alumni parents	
Other (specify)	
Total surveys orders >>>>	Students _____ Adults _____

Type of Survey ordered: Scan _____ Electronic _____
 Anticipated date of Survey Completion (dd/mm/yyyy): _____

Tabulation Banner Requirements (See survey instructions, Section II, for details; you may select more than one)

Standard Banner or Division Banner	no extra charge
Standard Banner and Division Banner	\$ 200
Custom Banner	\$ 350
Comparative Year Custom Banner	\$ 350

PLEASE FAX ORDER FORM TO ISACS (312-255-1278), ATTENTION KEVIN ROONEY. CONFIRMATION IS SENT WHEN ORDER IS RECEIVED.