

PROFESSIONAL REFERENCES

Name: _____ Phone: _____ Occupation: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Name: _____ Phone: _____ Occupation: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

TEACHER CERTIFICATION

State: _____ Number: _____ Type: _____ Expiration: _____

MONTESSORI SCHOOLS VISITED

Name: _____ City: _____ State: _____
 Name: _____ City: _____ State: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: _____
 Cellular: _____ Work Phone: _____ Employer: _____
 Your Doctor's Name: _____ Doctor's Phone: _____ Allergies: _____

BILLING

Person or School responsible for payment (if a school, provide Contact Name): _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Select Payment Plan (*check one*): A (one yearly payment) B (three payments) C (nine monthly payments)

Please attach your initial deposit of **\$800**. If an applicant is not accepted, a **\$70** processing fee is retained. If applicant is accepted and fails to confirm or cancels before September 1st, **\$300** will be retained and the balance returned to the applicant. If the cancellation occurs after September 1st, MTTI will retain **\$500**.

Attached is my Check Number _____, made payable to Montessori Teacher Training Institute in the amount of \$ _____.

CERTIFICATION

Associate Certification is granted to candidates who do not hold a Baccalaureate Degree. When the Baccalaureate Degree is earned, a Preprimary Credential may be requested.

Please attach your written teaching philosophy on a separate sheet of paper.

I hereby authorize MTTI to arrange for emergency medical treatment at the most convenient facility in the event of an illness or injury. Student records are confidential and are kept in the Administrative Office. These records are accessible to the student upon request, through the Course Director. MTTI does not offer a placement service for the internship, nor for employment after completion of the course. MTTI does not discriminate on the basis of race, religion, sex, age, or national origin.

 Applicant Signature

 Date

For Office Use Only		
Date interview completed: ___/___/___	Date deposit rec'd.: ___/___/___	High School: _____
Date of Practicum Site interview: ___/___/___	Date test completed: ___/___/___	College: _____
Date student accepted: ___/___/___	Date transcript rec'd.: ___/___/___	Montessori: _____
Accepted by: _____		