

## MONTESSORI TEACHER TRAINING INSTITUTE APPLICATION FOR ADMISSION

A preparation course for teaching children 2½ to 6 years of age using the Montessori Method of Early Childhood Education

## PERSONAL INFORMATION

Student's First Nam	ne:		Student's Last Name:		
Social Security Nun	nber:		Drivers License Num	ber:	
Current Address:			How long have you li	ived there?	
City:	State:	Zip Code:	Phone:		
Previous Address:			How long did you liv	e there?	
City:	State:	Zip Code:	E-mail Ad	ldress:	
Cellular:		Fax:	Ages of ch	nildren at home:	
Marital Status (plea. [ ] Married		[ ] Divorced	[ ] Domestic Partner	rship [ ] Widow	ved [ ] Single
How did you hear al	bout MTTI?				
EMPLOYMEN	T HISTORY				
Name of Current En	mployer:		Work Pho	ne:	
				r's Name:	
				From:	
				k Phone:	
Prior Work Address	s:		Prior Supe	ervisor's Name:	
City:	State:	Zip Code:	Employed	From:	То:
Have you been acce	epted as an Intern?	[ ] Yes [ ] No	If yes, name of schoo	l:	
		School Phone:		School Fax	:
Will you be working	g at another job while	studying? [ ] Yes	[ ] No		
If yes, ex	xplain where and when	:			
	ol, college, Montessori c. The Registrar of the			st request original transc lirectly to MTTI; transcr	
Name of high schoo	ol/college:		Location:		
Major:	Minor:	Degree:		Attended From:	
Name of high schoo	ol/college:		Location:		
Major:	Minor:	Degree:		Attended From:	_ To:

## PROFESSIONAL REFERENCES

Name:	Phone:	Occupation	n:
Address:	City:	State:	Zip Code:
Name:			1:
Address:		•	Zip Code:
TEACHER CERTIFICATIO	)N		
State: Nun	nber:	Type:	Expiration:
Montessori Schools \	VISITED		
Name:		City:	State:
Name:		City:	State:
Name:	Relationship: Work Phone:		Phone:
Cellular:	Work Phone:	Employer:	
Your Doctor's Name:	Doctor's Phone:		Allergies:
	nent (if a school, provide Contact Name)  City:		
	A (one yearly payment) [ ] B (thro		
Please attach your initial deposit of \$8	800. If an applicant is not accepted, a \$7 otember 1 <sup>st</sup> , \$300 will be retained and the	0 processing fee is reta	nined. If applicant is accepted and
Attached is my Check Number	, made payable to Montessori Teac	cher Training Institute	in the amount of \$
CERTIFICATION			
Associate Certification is granted to c Preprimary Credential may be request	andidates who do not hold a Baccalaurea	ate Degree. When the	Baccalaureate Degree is earned,
Please attach your written teaching ph	ilosophy on a separate sheet of paper.		
njury. Student records are confident request, through the Course Directo	for emergency medical treatment at the ial and are kept in the Administrative Cr. MTTI does not offer a placement not discriminate on the basis of race, rel	Office. These records a service for the inter	are accessible to the student upon nship, nor for employment afte
Applicant Signature		Date	_
Date interview completed:  Date of Practicum Site interview:  Date student accepted:  Accepted by:	For Office Use 6		High School: College: Montessori: