



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 Name: _____ Student's Last Name: _____

Social Security Number: _____ Drivers License Number: _____

Current Address: _____ How long have you lived there? _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Previous Address: _____ How long did you live there? _____

City: _____ State: _____ Zip Code: _____ E-mail Address: _____

Cellular: _____ Fax: _____ Ages of children at home: _____

Marital Status *(please check one)*:
 Married Separated Divorced Domestic Partnership Widowed Single

How did you hear about MTTI? _____

EMPLOYMENT HISTORY

Name of Current Employer: _____ Work Phone: _____

Work Address: _____ Supervisor's Name: _____

City: _____ State: _____ Zip Code: _____ Employed From: _____ To: _____

Name of Prior Employer: _____ Prior Work Phone: _____

Prior Work Address: _____ Prior Supervisor's Name: _____

City: _____ State: _____ Zip Code: _____ Employed From: _____ To: _____

Have you been accepted as an Intern? Yes No If yes, name of school: _____

School Phone: _____ School Fax: _____

Will you be working at another job while studying? Yes No

If yes, explain where and when: _____

EDUCATION HISTORY

List only high school, college, Montessori training, and Montessori workshops. You must request original transcripts from the sources listed below. The Registrar of the school(s) you attended must mail transcripts directly to MTTI; transcripts must be received before your first exam.

Name of high school/college: _____ Location: _____

Major: _____ Minor: _____ Degree: _____ Attended From: _____ To: _____

Name of high school/college: _____ Location: _____

Major: _____ Minor: _____ Degree: _____ Attended From: _____ To: _____

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 as specified on the current MTTI Payment Schedule. 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

<i>For Office Use Only</i>		
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: _____		