

MAITLAND MONTESSORI SCHOOL TEACHER EDUCATION PROGRAM
Application for Enrollment **2 1/2 Through 6** **Date of Application** _____
(PLEASE PRINT)

How did you learn about us?
 Advertisement Friend/Relative Brochure
 Internet Past Adult Learner Other _____

Last Name First Name Middle Name Maiden Name

Mailing Address: Street, City, State, and Zip Code

Telephone Numbers:
Home: Work: Cell: e-mail:

Social Security Number:

EDUCATION	Name & Address of School	Course of Study	Years Completed	Diploma/ Degree/Date
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extracurricular activities.

List any professional, business, or civic activities and offices held.

Maitland Montessori School, Inc. admits students without discrimination on the basis of political affiliation, religion, race, color, sex, mental or physical disabilities (including HIV infection, blindness, deafness, mobility impairments, etc.) and grants them all rights, privileges, programs, and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of the above mentioned in the administration of its educational policies, athletic, and other school administered programs.

Employment Experience

Start with your present or last job. Include any volunteer activities and practicums. If you need any additional space, please continue on a separate piece of paper.

1.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number			
Job Title			
Supervisor			
Reason for Leaving			

2.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number			
Job Title			
Supervisor			
Reason for Leaving			

3.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number			
Job Title			
Supervisor			
Reason for Leaving			

Please mail the application to *Maitland Montessori School, 236 N. Swoope Avenue, Maitland, Florida, 32751-4556*, along with the following (ALL items listed below must be submitted ***BEFORE*** the student can begin the teacher education program.):

- * **Non-refundable** application fee of \$500.00. Make checks payable to *Maitland Montessori School*.
- * An essay on the following topic: "Why I Wish to Take Montessori Training."
- * An original or notarized copy of High School Diploma/GED and/or official (not copies) college transcripts showing all course work and degree(s) granted.
- * Two (2) written letters of reference to be kept on file for future practicum.

The course tuition is payable in full regardless of attendance or absence (including failure to complete the course. This application constitutes a contract for the whole course. Adult learners dropping out of the course are liable for all payments as listed.

Adult Learner Signature

Date

Printed Name

MAITLAND MONTESSORI SCHOOL TEACHER EDUCATION PROGRAM
Application for Enrollment 6 Through 12 Date of Application _____

(PLEASE PRINT)

How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Brochure
<input type="checkbox"/> Internet	<input type="checkbox"/> Past Adult Learner	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name	Maiden Name
Mailing Address: Street, City, State, and Zip Code			
Telephone Numbers:			
Home:	Work:	Cell:	e-mail:
Social Security Number:		Date of Birth:	
Current School (if currently employed):			
AMS Member #, if school is an AMS member:		Teach Teaching OR Self-Directed (Circle one)	

EDUCATION	Name & Address of School	Course of Study	Years Completed	Diploma/ Degree/Date
Official transcripts must be submitted prior to attending teacher education program.				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

MONTESSORI CREDENTIAL(S)	Year	Program	Affiliation

Teaching Experience:

Professional Goals:

Reasons for participation in the elementary teacher education program:

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1. Employer	Dates Employed		Work Performed
	From _____	To _____	
Address			
Telephone Number			
Job Title			
Supervisor			
Reason for Leaving			

2. Employer	Dates Employed		Work Performed
	From _____	To _____	
Address			
Telephone Number			
Job Title			
Supervisor			
Reason for Leaving			

3. Employer	Dates Employed		Work Performed
	From _____	To _____	
Address			
Telephone Number			
Job Title			
Supervisor			
Reason for Leaving			

I wish to apply for: _____ Complete Program leading to credential OR _____ Audit Only**

****An "audit" may be taken by any adult learner who demonstrates reasonable, related background, and/or interests in the Montessori elementary curriculum. When auditing the course, the adult learner will receive all standard notes and master copies distributed during lectures. He/she will participate only in the Academic Component and is not eligible for a practicum. **THERE IS NO CREDENTIAL AWARDED** for those who choose the audit option.**

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- * An essay on the following topic: "Choose a positive incident from your own educational career that you remember as being stimulating and tell why it is memorable."
- * Two (2) written letters of reference to be kept on file for future practicum.

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Adult Learner Signature

Date

Printed Name