MAITLAND MONTESSORI SCHOOL TEACHER EDUCATION PROGRAM

Application for Enrollment 6 Through 12 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: Date of Birth:

Current School (if currently employed):

AMS Member #, if school is an AMS member: Teach Teaching OR Self-Directed (Circle one)

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>Name &amp; Address of School</th>
<th>Course of Study</th>
<th>Years Completed</th>
<th>Diploma/ Degree/Date</th>
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</thead>
<tbody>
<tr>
<td>High School</td>
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<tr>
<td>Undergraduate College</td>
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<tr>
<td>Graduate Professional</td>
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<td>Other (Specify)</td>
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Official transcripts must be submitted prior to attending teacher education program.

MONTESSORI CREDENTIAL(S) | Year | Program | Affiliation
------------------------|------|---------|------------------

Teaching Experience:

Professional Goals:

Reasons for participation in the elementary teacher education program:

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.

- Continued on Back -
**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.

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<thead>
<tr>
<th>1. Employer</th>
<th>Dates Employed</th>
<th>Work Performed</th>
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Address

Telephone Number

Job Title

Supervisor

Reason for Leaving

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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.

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 original or notarized copy of High School Diploma/GED and/or official (not copies) college transcripts showing all course work and degree(s) granted.
- 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.

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

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