APPLICATION FOR ENROLLMENT - PART I

MONTESSORI TEACHER ACADEMY

32920 Pacific Coast Highway • Dana Point • CA 92629 • 949. 240.3344

PERSONAL INFORMATION

Last Name	Name		Initial
Preferred Pronouns	referred Pronouns		
Address			·
City	St	tate	Zip Code
Home Phone	Cell Phone		
Date of Birth	Place of Birth		
Social Security	Children		
e-mail address			

EDUCATIONAL BACKGROUND

High School	
Date Graduated	Diploma 🗌 YES 📃 NO
College	
Field of Study	Units Completed
Date Graduated	Degree 🗌 YES 🗌 NO

Please attach a copy of high school and/or college transcripts

EMPLOYMENT BACKGROUND

Current Employment			
Complete Address			
Phone Number	Dates	From	То

Previous Employment			
Complete Address			
Phone Number	Dates	From	То

TEACHING EXPERIENCE

School			
Address			
Phone Number	Dates	From	То
School			
Address			
Phone Number	Dates	From	То

REFERENCES

Name		
Address		
Phone Number	Relationship	

PRACTICUM COURSE

Have you made arrangements for a practicum site?	YES NO
School Name	
Address	
City	State Zip Code
Phone Number	
Director	Supervising Teacher

Montessori Teacher Academy_does not discriminate on the basis of political affiliation, religion, age, ancestry, color, ethnicity, marital status, disability, native origin, race, gender, gender identity or expression, or sexual orientation.

Signature of Applicant

APPLICATION FOR ENROLLMENT - PART II

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What brings you to the Montessori Teacher Academy?

How and when did you hear about the Montessori Method?

What special qualifications or attributes do you feel you bring to this field?

How do you intend to use your Montessori education?

Have you observed a Montessori classroom in action? Where? What was your impression?

Have you observed a traditional early childhood program? Where? What was your impression?

Have you read any Dr. Montessori's books?

Have you had previous experience working with children?

What is the best time to call you for an interview?

Do you have any additional comments?