

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	
Address					
City		State		Zip Code	
Home Phone		Cell Phone			
Date of Birth		Place of Birth			
Social Security		Number & Age of Children			
e-mail address					

EDUCATIONAL BACKGROUND

High School					
Date Graduated		Diploma	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
College					
Field of Study		Units Completed			
Date Graduated		Degree	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

PLEASE ATTACH A COPY OF HIGH SCHOOL AND/OR COLLEGE TRANSCRIPT

EMPLOYMENT BACKGROUND

Current Employment					
Complete Address					
Phone Number		Dates	From	To	
Previous Employment					
Complete Address					
Phone Number		Dates	From	To	

TEACHING EXPERIENCE

School				
Address				
Phone Number		Dates	From	To

School				
Address				
Phone Number		Dates	From	To

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, age, ancestry, color, handicap, native origin, race, religion, sex, or orientation.

Signature of Applicant

Date

6. Have you seen another type of preschool when class was in session? What was your impression?

7. Have you read any Dr. Montessori's books? Explain:

8. Have you had previous experience working with children? Explain:

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