

**MONTESSORI TEACHER TRAINING INSTITUTE
LAGUNA BEACH – HUNTINGTON BEACH - OCEANSIDE
APPLICATION**

I wish to apply for the Early Childhood 2 ½ - 6 year level course commencing _____

Name _____
Last First Middle

Address _____

City _____ State, Zip, Country _____

Home Phone _____ WorkPhone _____

Birthplace _____ Birth Date _____

Country of Citizenship _____ Marital Status _____

Social Security or Passport Number _____ Maiden Name _____

Profession/Occupation _____

Spouse's Occupation _____ No. & Ages of Children _____

EDUCATION: Secondary School(s) _____

College(s) _____ Total # units earned _____

Major Field of Study _____ Minor _____

Dates Attended _____ Degree Granted _____

Other _____

TEACHING AND EMPLOYMENT EXPERIENCE: List names & addresses of employers & dates of employment :

REFERENCES: List names, addresses & phone of at least two references (one professional and one character reference)

1. Professional: _____

2. Character: _____

Note: Students may be asked to discontinue their course of study for medical, psychological, academic, or other cogent reasons. Students are expected to abide by the conditions established by the administration for the completion of the course.

Signature: _____ Date: _____

Please enclose the following with this application: 1) Two recent passport size photos: 2) a non-refundable \$175.00 enrollment fee payable to MTTI: 3) official transcripts from high school, college, and / or graduate school. Please ask the appropriate institutions to send these promptly to avoid a delay in processing your application: 4) an autobiography of two pages, typed and double-spaced.

Affiliated to International Association of Progressive Montessori.

**MONTESSORI TEACHER TRAINING INSTITUTE
LAGUNA BEACH – HUNTINGTON BEACH - OCEANSIDE
APPLICATION**

How do you intend to use your training?

How did you become interested in taking a Montessori Teacher Training Course?