



Office Use Only	
Application Fee	_____
Deposit	_____
Statement	_____
References (3)	_____
Transcripts	_____
Reading Assessment	_____

APPLICATION FOR ADMISSION

APPLICATION Information

Program you are applying for:	<input type="checkbox"/> Infant Toddler Program	<input type="checkbox"/> Montessori Early Childhood Program
	<input type="checkbox"/> Summer Intensive Schedule	<input type="checkbox"/> Yearlong Schedule

STUDENT Information

Name:	_____			
	Last	First	MI	Maiden
Address:	_____			
	Street		City, State Zip	
Contact Info:	_____			
	Home #	Cell#	Email	
Personal Info:	_____			
	DOB (dd/mm/yyyy)	Social Security #	Marital Status	
Education:	_____			
	High School Name	City, State	Graduation Date	
	College	Degree/ Major	Graduation Date	
	Graduate School	Degree/ Major	Graduation Date	
Previous Certification	Yes _____ No _____ If Yes, Name of Program _____			
	Program AMS Membership # _____			

Two official transcripts from degree granting colleges must be sent directly to the MITE address. If no college degree, an official high school transcript must be submitted.

STUDENT EMPLOYMENT Information

Employment Experience	_____		
	Current Employer	Position/Title	Start Date
Teaching Experience (References (Please list 3 people as references))	_____		
	Name	Position/Title	Telephone #

	Name	Position/Title	Telephone #

	Name	Position/Title	Telephone #
You must contact each of the above individuals and request a letter of reference to be sent directly to the MITE address			

PRACTICUM Information

Have you made arrangements for a Practicum Site? Yes _____ No _____ If No, would you like assistance with finding a site? Yes _____ No _____ Are you interested in a self-directed practicum? Yes _____ No _____ What is your locale preference? _____													
<table border="1"> <tr> <td rowspan="4">Practicum Site Info</td> <td colspan="3">_____</td> </tr> <tr> <td>Practicum School Name</td> <td colspan="2">Supervising Teacher</td> </tr> <tr> <td>Street Address</td> <td>City</td> <td>State, Zip</td> </tr> <tr> <td>Telephone #</td> <td colspan="2">School Affiliation (AMS/AMI/Other)</td> </tr> </table>	Practicum Site Info	_____			Practicum School Name	Supervising Teacher		Street Address	City	State, Zip	Telephone #	School Affiliation (AMS/AMI/Other)	
Practicum Site Info		_____											
		Practicum School Name	Supervising Teacher										
		Street Address	City	State, Zip									
	Telephone #	School Affiliation (AMS/AMI/Other)											

Personal Statement:	On a separate page, please type (minimum one page, 12-font, double-spaced) your personal statement, explaining your interest in Montessori education and why you want to join the Montessori professional community.
Enclose with this application form:	\$150 Application Fee \$500 Deposit <i>Please make your check payable to: Montessori Institute of Teacher Education</i>
Submit application to:	MITE, 1385 Birmingham Road, West Chester, PA 19382
Contact Information:	Tel 610.399.6699 Web miteducation.net

Please sign here to complete your application	Signature	Date
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