

**AMTE Early Childhood Teacher Training
Application Form**

Name: _____

Address: _____ City _____ State _____ Zip _____

Telephone: _____ Fax: _____ e-mail: _____

Social Security #: _____

Educational Background:

High School _____ Date Graduated _____

College _____ Degree _____

Address _____ Date Graduated _____

Transcript Enclosed _____

Course Level:

- _____ Infant/Toddler (Ages 0-3)
- _____ Early Childhood (Ages 2 1/2 – 6)
- _____ Elementary I (Ages 6-9)

Desired Date for Academic Classes:

- _____ Summer Workshop
- _____ Fall/Winter Workshop

Do you have a Montessori School where you can do your practicum? _____

If yes, give the name, address, supervisor and phone number _____

Previous teaching experience _____

Special needs? _____ Describe _____

How did you become interested in Montessori Education? _____

On another piece of paper, explain your philosophy of life and why you want to enroll in the Montessori Teacher Training program. Write one page in your own handwriting.

Will you need help in arranging housing? _____ I will be commuting _____

Three letters of recommendation must be submitted.

I have enclosed the registration fee of \$50.00. This fee is applicable to the total cost of the course. This fee is refundable within 3 days of signing the Student Contract. Conditions for refund: (a) written withdrawal; (b) return of all course materials in good condition.

AMTE does not discriminate on the basis of political affiliation, age, ancestry, color, handicap, native origin, race, religion or sex in its educational program, services, activities or employment practices.

Please return application to:

Atlanta Montessori Teacher Education, 488 Hurt Road, Smyrna, GA 30082
phone: 770-434-5931; fax: 770-435-5080; e-mail: amte@montessori-atlanta.com

Signature of applicant

Date