

Santa Monica Montessori Institute

1909 Colorado Ave, Santa Monica, CA 90404

Infomontessori@gmail.com

310.829.3551

Teacher Training Course Application

Date of Application: _____

Course Dates: _____

Early Childhood Elementary I Elementary II Elementary I/II

Personal Information

Name: _____
(Last) (First) (Middle)

Current Address: _____
(Street address) (apt. no.)

(City) (State) (Zip) (Country if outside USA)

Permanent Address: _____
(Street address) (apt. no.)

(City) (State) (Zip) (Country if outside USA)

Telephone: _____ Alternate phone: _____

Email address: _____

Emergency Contact: _____
(name)

(phone) (relationship)

Notice of Non-Discriminatory Policy

The Santa Monica Montessori Institute admits students of any race, gender, nationality and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The Institute does not discriminate on the basis of race, color, nationality, ethnic origin, gender, or other protected classes in administration of its educational policies, admissions policies, scholarship and loan programs, athletics or other school administered programs.

Signature: _____ Date: _____

Print name: _____

THE FOLLOWING SECTION IS FOR INTERNATIONAL STUDENTS ONLY

Social Security or TIN (Tax Payer ID) number: _____

Driver's License number: _____ State: _____

Date of Birth: _____ Place of Birth: _____

Marital Status: _____ Citizenship: _____

Ethnic Background: _____

Children? ____ If yes, please list names and ages: _____
