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SANTA MONICA MONTESSORI INSTITUTE

1909 Colorado Avenue, Santa Monica, CA 90404

P: (310) 829-3551 | E: smmi.ecttc@gmail.com

Office Use Only
Date Received, Initials:

Please enclose \$100
application fee

Montessori Teacher Training Application

Infant/Toddler Level _____

Early Childhood Level _____

Elementary Level _____

Personal Information

Name: _____ Sex: _____
Last First Middle

Address: _____
Street Unit # City State Zip

Home Phone No.: _____ Cell Phone No.: _____

Work Phone No.: _____ E-Mail Address: _____

Permanent Address (if different from above): _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ Place of Birth: _____

Marital Status: _____ Citizenship: _____

Children: (Y/N) _____ Ethnic Background: _____
(If yes, names and ages)

Education

	Name of School	Place	Years Attended	Degree/Diploma
Elementary:				
High School:				
University:				
Graduate School:				
Vocational School:				

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Work Experience

	Employer	Dates Employed	Position	Reason for Leaving
1.				
2.				
3.				

Note: Please attach resume or additional information, if needed.

References

The applicant is to submit **three letters of reference** from professional sources. **Transcripts and/or certificates** of all college and vocational training should be sent directly to Santa Monica Montessori Institute.

Notice of Non-Discrimination Policy

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

To the Applicant

Briefly explain your reasons for applying to take the Montessori teacher training program.

Note: Please continue on back, if needed.

Print Name: _____

Signature: _____

Date: _____