



MONTESSORI ELEMENTARY TEACHER EDUCATION

Application and Agreement Form

for the 9-12 Component of the 6-12 Credential

Dates: June 28 – July 23, 2010

Send application form and make checks payable to:

Montessori Center for Teacher Education

4544 Pocahontas Ave.

San Diego, CA 92117

(858) 270-9350

www.montessoricenterforteachereducation.org

Note: Class will be held for a minimum of 5 Adult Learners

Name _____ Phone(____) _____ Birthday (MM/DD) _____

Address _____ email _____

City _____ State _____ Zip _____

Educational background: _____

Teaching Experience: _____

Do you have Montessori 6-9 Teacher Education: ____ Yes ____ No

Director/Teacher of your 6-9 Teacher Education: _____

Teacher Education Center's Name and Address _____

Did you receive a Credential? ____ yes ____ no When? _____

____ I wish to take the 9-12 Component of the 6-12 Credential.

____ I understand I must have a 4 year college degree from an accredited college/ university in order to receive the 6-12 Credential.

____ I understand my 6-9 Credential will be evaluated to determine if there are any additional requirements to be met in order to receive the 6-12 Credential from this Teacher Education Program.

____ I wish to take the 9-12 Component as a workshop only.

____ I would like assistance with housing.

How did you find out about this workshop? _____

I understand the application/registration fee of \$100 is non-refundable if I am accepted for enrollment in this 9-12 Component.

Montessori Center for Teacher Education does not discriminate on the basis of race, color, sex, religion, national or ethnic origin, or sexual orientation.

Signature _____

Date _____