

Application for Admission

Institute for Advanced Montessori Studies
13500 Layhill Road, Silver Spring, MD 20906-3299
(301) 576-2866 / fax (301) 576-2801

Date of Application _____

Please indicate the Montessori teacher education program to which you are applying:

- Infant and Toddler (birth – 3) Early Childhood Overview Course * Early Childhood (2.5 – 6) Elementary Preparatory Course
 Elementary I (6 – 9) * Elementary I & II (6 – 12) * Elementary II (9 – 12) **

Applicant _____
Last Name First Name Middle Initial
Preferred First Name Maiden Name

Date of Birth ____/____/____ Citizenship _____ Social Security Number _____

Home Address _____
Street City State Zip

Current address _____
(If different from above) Street City State Zip

Home phone (_____) _____ Work phone (_____) _____ E-mail address _____

How did you learn about the Institute? _____

Is there anything you would like us to know about your learning style that would better enable us to assist you during the course?

EDUCATION:

High School	City/State	Diploma	Graduation Date
_____	_____	_____	_____
College	Degree/Major	Graduation Date	
_____	_____	_____	

If your transcripts are from a foreign country, they must be evaluated by the World Educational Services. Have you made arrangements for your transcripts to be evaluated? Yes No

If you meet any of the requirements for the TOEFL exam (see insert) have you made arrangements to take the exam? Yes No

MONTESSORI CERTIFICATION:

Program	Certification/Level	Year
_____	_____	_____
_____	_____	_____

STATE TEACHING CERTIFICATE:

Certificate	Issuing State	Year
_____	_____	_____
_____	_____	_____

TEACHING EXPERIENCE:

School	Location	Level/Years
_____	_____	_____
_____	_____	_____

EMPLOYMENT BACKGROUND:

Employer	Position	From/ To
_____	_____	_____
_____	_____	_____

* If the candidate for the Infant and Toddler program does not have an Early Childhood Montessori Credential, it is necessary to take the week long Overview Course.
If the candidate for the Elementary program does not have an Early Childhood Montessori Credential, it is necessary to take the week long preparatory course.

** Must hold an AMS Elementary I Montessori Credential.

REFERENCES (We will expect letters on your behalf from the following three people.):

Name	Position/Title	Relationship to Applicant
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

PRACTICUM PHASE:

Have you made arrangements for a Practicum Site? Yes No

School _____

School Address _____
Street City State Zip

School phone (_____) School fax (_____) E-mail address _____

Administrator _____

School affiliation AMS AMI Other (please specify) _____

Name of supervising teacher in your class _____

If you do not have a practicum site, in what geographic location can you work? _____

SUMMER ARRANGEMENTS:

Do you need housing information? Yes No

Camp information for your children? Yes No

ITEMS NEEDED FOR APPLICATION:

- _____ \$150 Application Fee, made payable to Barrie School (IAMS)
- _____ Two official copies of college transcripts for each degree held, mailed to IAMS from the college
- _____ Copies of Montessori diplomas and/or state teaching certification, if applicable
- _____ Three letters of recommendation using the enclosed form to be sent directly to IAMS by the reference (Please make photocopies of single form provided.)
- _____ Essay discussing your interest in and expectation of Montessori teacher education

PREFERRED METHOD OF PAYMENT:

- _____ In full
- _____ Deferred tuition payment plan

We will process your application once we receive all of the preceding information. Applications may be canceled in writing, submitted via certified mail, within seven (7) days after the Enrollment Agreement has been signed by both parties without penalty. The Institute will promptly refund the \$500 registration fee. After the seven (7) day cancellation period, the registration fee will be non-refundable. A \$50.00 charge will be incurred for returned and canceled checks.

Applicant's Signature _____ Date _____