

For Office Use			
Program	Date Received	Deposit	Check Number
8		1	

CHI Montessori Teacher Training Institute Application

Please indicate the program you are applying for:							
☐ Infant and Toddler Early Childhood							
Personal Information							
Name	Preferred Name						
Maiden Name	Indicate how your name should appear on your Credential						
Date of Birth	E-Mail Address						
Street Address							
City, State, Zip Code							
Home Phone	Emergency Phone						
Educational Background							
High School	City, State	Graduation Date		Diploma			
College	City, State	Graduation Date		Degree Awarded			
Graduate School	City, State	Graduation Date		Degree Awarded			
Montessori Training Course	Location of Program	Completion Date		□ AMS □ AMI			
Other Credentials or Workshops				☐ Infant & Toddler			
				□ 3-6			
				\square 6 – 9			
				□ 9 - 12			
Current Employment (Complete Resume Should be							
Present Employer	Position		From		То		
Previous Employer	s Employer Position		From		То		
Teaching Experience (Please include additional experience on Resume)							
School			From	То			
Teaching Certificate	Other Experience With Children						

Additional Information						
How did you hear about CHI Mo	ontessori Teacher Training Institute?					
What other languages do you spe	What other languages do you speak?					
Have you ever been discharged from a teaching position for cause?						
References (Name, email	, phone)					
1.						
2.						
3.						
Practicum Phase (Have you made arrangements for a Practicum Site? ☐ yes ☐ no)						
Practicum Phase (Have you made arrangements for a Practicum Site?						
School Address						
Head of School's Name		Head of School's Email Address				
School Phone	Supervising Teacher, if Applicable	School Affiliation (circle one) PAMS				
School I Hone	Supervising reaction, in appareume	AMS AMI Other				
Application process: The following should be sent to:						
CHI Montessori Academy ATTN Teacher Training Institute						
2295 Benjamin E. Mays Dr. SW Atlanta, GA 30311						
 Application Application fee in the amount of \$100.00 made payable to CHI Montessori (non- refundable) Head shoot photograph 						
 4. A 350 word (or more) personal statement on why you would like to take Montessori teacher training. 5. An official college transcript(s) from your most recent educational institution. **If you do not have a college degree, please send a <u>notarized</u> High School diploma. 						
6. Current resume (must include a complete work and education history).						
Upon receipt of your complete application package, we will notify you with regard to your acceptance.						
Applicant's Signature		nte				

By signing this application, you certify that the information provided is true and correct.

CHI Montessori Teacher Training Institute admits students without regard to race, religion, sex, sexual orientation, age, national or ethnic origin.