

The Montessori Education Institute of the Pacific Northwest

13965 NE 166th St Woodinville, WA 98072
Phone: 425-486-5092 Fax: 425 482-3186 www.meipn.org

Application for Admission

MEIPN admits students without regard to race, religion, sexual orientation, age, national or ethnic origin.

PROGRAM APPLYING FOR:

- Infant and Toddler
- Early Childhood – 1 year Early Childhood- 2 years
- Early Childhood Overview (for elementary students who don't have an Early Childhood credential.)
- Elementary I
- Elementary I – II Elementary II

Last Name	First Name	Middle Initial	
Preferred First Name	Maiden Name	Social Security #	
Street Address		Apt	
City	State	Zip	Country
Phone – Day	Evening	Cell	Email
Date of Birth	Citizenship	Marital Status	#& Ages of Children

For government statistical purposes please indicate all that describe your background

- White/Caucasian Black/African American American Indian or Alaskan Native Asian
- Hawaiian Native or Other Pacific Islander Multiracial Other

EDUCATIONAL BACKGROUND

High School	Graduation date	City State	Diploma
College	Dates Attended	City State	Diploma/date
College	Dates Attended	City State	Diploma/date
College -Advanced degree(s)	Date(s)	City State	Degree (s)
Montessori Credential(s)	Date(s)	Level (s)	Institution(s)
Teaching Credentials/ Other Studies			
Location of Recent Child Development Course	Year	Grade	

Where did you hear about MEIPN?

Languages spoken

Are there aspects of your learning style that we should be aware of? Describe

EMPLOYMENT BACKGROUND:

Current Employer

Position

From

To

Previous Employer

Position

From

To

EXPERIENCE WITH CHILDREN:

School

Position

From

To

Other experiences with children

REFERENCES: List the individuals who you have requested to write references for you (two professional and one personal).

Name:

Position/title

Relationship to applicant

Name:

Position/title

Relationship to applicant

Name:

Position/title

Relationship to applicant

PRACTICUM PHASE:

Have you made arrangements for a Practicum site? No ___ notify us when you do
Yes ___ fill out following

Practicum School Name

Supervising teacher

School Administrator

Phone

School address

City

State

Zip

Fax

Email

School Montessori Affiliation

I understand that my application will be not be considered until this completed application form and the following required items have been received by MEIPN.

1. \$300 registration fee (Checks payable to MEIPN). (Refundable in full if you are not accepted by the program) (\$350 after May 1, \$400 after June 1)
2. A statement (300 to 500 words) describing why you are interested in Montessori education, why you have decided to become a Montessori professional and why you have selected this training.
3. Two observation reports consisting of one to two pages typed descriptions of your observations regarding students, environment, teachers in two Montessori classrooms at the level you are applying to study. If currently working in a Montessori school at least one of the observations must be at a different school.
4. Please also have the following sent directly to us:
 - Two professional and one personal letter of reference.
 - An official copy of your college transcript from your most recent educational institution or high school diploma if you do not have a degree. (NOTE: If your transcripts are from a foreign country they must eventually be evaluated by a US equivalency evaluation service. Contact World Educational Services for a form and instructions. www.wes.org or 1-800-414-0147)
5. A copy of your Montessori and other teaching credentials if you have them.

Signature

Date