



TEACHER EDUCATION PROGRAMME

Application for Admission

PERSONAL

Name: Mr./Mrs./Ms. _____
Last Name First Name M.I.

Name you prefer to be called: _____ Email: _____

Mailing address: _____
Street Address Apt Number

City Province Postal Code Country (If outside Canada)

Day Phone: _____ Evening Phone: _____

Date of Birth: _____ Citizenship: _____

DESIRED PROGRAMME

Please check the programme for which you are applying:

- | | | |
|---|---|--|
| <input type="checkbox"/> Infant/Toddler | <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Elementary I (6-9) |
| <input type="checkbox"/> Elementary II (9-12) | <input type="checkbox"/> Dual Elementary (6-12) | <input type="checkbox"/> Special Needs |
| <input type="checkbox"/> Infant/Toddler Assistant | <input type="checkbox"/> Primary Assistant | <input type="checkbox"/> Dual Infant/Toddler and Primary Assistant |
| <input type="checkbox"/> Elementary Assistant | | |

Programme start date: _____

EDUCATION

High School: _____
Graduation Year School Name City Province

University: _____
Graduation Year School Name Major Degree

Graduate School: _____
Graduation Year School Name Field of Study Degree

Montessori Credential: _____
Credentials School Name

Other Studies/Workshops: _____

EMPLOYMENT HISTORY

Present Employer: _____
Position _____ From _____ To _____

Previous Employer: _____
Position _____ From _____ To _____

Teaching Experience: _____
School Name _____ Position _____ From _____ To _____

Teaching Certificate: _____

Other Relevant Experience: _____

REFERENCES

Acceptance is conditional on receipt of three reference letters.

(Professional) _____
Name _____ Position _____ Relationship to Applicant _____

(Professional) _____
Name _____ Position _____ Relationship to Applicant _____

(Personal) _____
Name _____ Position _____ Relationship to Applicant _____

ADMISSIONS CHECKLIST

- Completed Application for Admission
- Fees: \$100 application fee and \$400 registration fee payable by cheque (to the Canadian Montessori Academy) or via wire transfer (contact us for details)
- Typed personal statement (max 350 words) demonstrating your interest in the Montessori Method of Education and outlining what you will bring to the Montessori Community
- Copy of teaching certificate (if you have one)
- One set of official transcripts from the last educational institution attended
- Three letters of recommendation (two professional and one personal)

Applications may be cancelled in writing within seven days of the issuance of an acceptance email by CMATEP to the candidate for a full refund minus the \$100 application fee. After the seven-day period the \$400 registration fee is not refundable.

The Canadian Montessori Academy Teacher Education Programme does not discriminate on the basis of race, religion, sexual orientation, age, nationality, or ethnic origin.

I affirm that I have read and understand this application and certify that all information provided is true and accurate.

Applicant's Signature: _____ Date: _____

CMATEP Representative's Signature: _____ Date: _____

Return this application and all accompanying documents to:

**CMATEP
70 Fieldrow St.
Ottawa, ON K2G 2Y7
CANADA**