

Seton Montessori Institute Application

Please check the program(s) you are applying for:

Infant – Toddler

- Spring
- Summer

Early Childhood

- Spring
- Summer

Elementary I

Elementary I – II

Elementary II (must have completed Elementary I)

Administration

Model I (for those without Montessori credential)

Model II (for those with a Montessori credential)

Model III (for those seeking a teacher and administration credential – dual certification)

Personal Information

Last Name	First Name	Middle Initial	
Preferred First Name	Maiden Name	AMS Number	
Street Address	Apartment Number		
City	State	Zip Code	Country
Phone (Day)	(Evening)	Cellphone Number	Email

Educational Background (Please list additional institutions on a separate page)

High School	City and State	Graduation Date
College	City and State	Dates Attended
Major	Degree/Credits Completed	Date Degree Received
College	City and State	Dates Attended
Major	Degree/Credits Completed	Date Degree Received
Post-Graduate Degree(s)	Degree/Credits Completed	Dates Attended/Diploma Date
State Certification	State(s)	Type
Title of Certification	Issuing Agency	Date of Expiration
Recent Professional Development	Organization	CPUs



5728 Virginia Avenue
Clarendon Hills, Illinois 60514

Tel. 630-654-0151 / Fax 630-654-0182
www.SetonMontessori.org

For office use only: Amount received: _____ Check #: _____ Date: _____

How did you hear about Seton Montessori Institute?

Language(s) Spoken

What aspects of your learning style should Seton be aware of? Please describe.

Montessori Certification

Identify Montessori teacher credentials held and the organization granting the credential (eg. AMS, AMI or other).

Certification Program and Organization	Location	Date Certified/Level(s) of Certification
--	----------	--

Certification Program and Organization	Location	Date Certified/Level(s) of Certification
--	----------	--

Certification Program and Organization	Location	Date Certified/Level(s) of Certification
--	----------	--

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)

Name	Phone	Position/Title	Relationship to applicant
------	-------	----------------	---------------------------

Name	Phone	Position/Title	Relationship to applicant
------	-------	----------------	---------------------------

Name	Phone	Position/Title	Relationship to applicant
------	-------	----------------	---------------------------

Practicum Phase

Have you made arrangements for a Practicum site? No (notify us when you do) Yes, please complete the following:

Practicum School Name

School Administrator	Administrator Phone and Email
----------------------	-------------------------------

School Address	City,State/Zip Code	School Phone Number
----------------	---------------------	---------------------

Supervising Teacher Name and Email if known)

School Montessori Affiliation



