



**Maria Montessori Teacher Training Center**  
c/o One World Montessori School  
1170 Foxworthy Avenue San Jose, CA 95118-1209  
Phone (408) 414-2218 Fax (408) 723-9443  
teachertraining@oneworldmontessori.org  
www.MMTTC.org

## TEACHER TRAINING APPLICATION FORM

Please enroll me in the following course: (please check the appropriate box)

- Primary School Year 2019 - 2020  
 Single Class: \_\_\_\_\_  Workshop: \_\_\_\_\_  
 San Jose Campus  Santa Rosa Campus

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Person to notify in emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

List in chronological order (#1 the most recent) all colleges, universities, and professional schools attended. Please attach additional sheets if necessary. (Official transcripts must also be sent to the MMTTC, c/o One World Montessori School, at the address above.)

Name and location	Dates of attendance	Degree
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1. \_\_\_\_\_

2. \_\_\_\_\_

List Montessori Training, if any:

Training Center/School	Class	Dates
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1. \_\_\_\_\_

2. \_\_\_\_\_

Please enclose a **letter of intent** and your **non-refundable enrollment fee of \$50**. Transcripts and 3 letters of reference **are enclosed/will follow** (circle one).

**The information on this application is true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You will be provided with a MMTTC Performance Fact Sheet. It is also available online at [www.mmttc.org/mmttc/accreditation](http://www.mmttc.org/mmttc/accreditation).