

New Internship School Application

Date _____

Name of School _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

Name of School Director _____

Director's Address and Phone _____

Date school was established _____

Please submit with this form a brief history of your school. You may use the back of this form if space allows.

Number of Students ____ Tuition ____ Number of Teachers ____

Describe the general program offered: _____

Number of students by age range: 1-3 ____ 3-6 ____ 6-9 ____ 9-12 ____ 12-15 ____

Number of classes by age range: 1-3 ____ 3-6 ____ 6-9 ____ 9-12 ____ 12-15 ____

List key officers, their positions, and their addresses. _____

Level of internship requested:

Infant & Toddler (birth - 3) ____

Early Childhood (3 - 6) ____

Elementary I (6 - 9) ____

Elementary II (9 - 12) ____

Adolescent (12 - 15) ____

montessori

montessori educational programs international



List Montessori directors, their Montessori credential(s), and the date of certification. Please attach copies of degrees and Montessori certificates.

Please submit this form along with a *Classroom Inventory Checklist* for each level applying and the payment to the:

MEPI Education Committee
c/o MEPI Business Office
PO Box 24085 , Overland Park, KS 66283

Please check all that apply:

Description	Price Each	QTY	Total
<input type="checkbox"/> Level 1 per program level	\$75.00	___	___
Student family Membership (required for Level 1)	\$15.00	___	___
<input type="checkbox"/> Level 2 per program level	\$150.00	___	___
	Total Due	___	___

Checks or money orders should be made payable to MEPI and sent to above address.
Credit card payments may be made through the MEPI web site: www.mepiforum.org