

Annual Renewal - MEPI Internship School

Date: _____

Name of Internship School: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

I agree to continue meeting the requirements for MEPI Internship Schools as stated in the Montessori Educational Programs International's Standards and Procedures for the Educational Committee.

I affirm that my Internship School still meets the MEPI standards for an Internship Site as described in my original application.

Comments: _____

Head of School: _____

I will inform the MEPI's Educational Committee immediately if any of the above information should change.

Signed _____

Position _____

Submit this form to the MEPI Business Office, PO Box 24085, Overland Park, KS 66283.

Pay on-line @ www.mepiforum.org **or** send a check or money order with this form to above address.

Level I - \$75 per program level (plus \$15 per each student family)

Level II - \$150.00 per program level