



Montessori Training Centre of British Columbia

Montessori Primary Teacher Training Course (3 to 6)

Application 2017/18

Name: _____
Family First Middle

Address: _____
Number Street

City Province Postal Code Country

Contact: (____) (____) _____
Home Business or Cell Phone Email

Status in Canada: Canadian Citizen: _____ Permanent Resident: _____

Country of Citizenship: _____ Study Permit: _____ Other: _____

Education. Please attach all applicable transcripts.

High School: _____ Year: _____ Level: _____

ECE Diploma: _____ Year: _____ Level: _____

College/university: _____ Year: _____ Level: _____

Montessori Education: _____ Year: _____ Level: _____

Statement of Purpose: The Applicant is asked to respond in handwriting to the following:

- a) How did you become interested in Montessori Education?
- b) What are your goals in taking this Primary Training Course at MTCBC?
- c) Please describe your experience with children.

Resume: Please include a current Resume (Curriculum vitae).

Health Certificate: Please use the form provided by the MTCBC. The form must be signed and stamped by a Physician to certify that the applicant is in good health.

Observation Report: A written report of a two-hour observation of an AMI directed 3-6 Primary classroom. Contact the MTCBC for availability of classrooms in your area.

References: Three reference letters sent directly to the MTCBC: an instructor, an employer, and a family friend.

Completed Form: Please send all signed and completed documents to the MTCBC or by email to the Registrar: angela@mtcbc-ami.org

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application:

Signature of Applicant Printed Name Date

“Follow the Child...”