



**APPLICATION FORM**  
**BARRIE IAMS**  
**13500 Layhill Road**  
**Silver Spring, MD 20906-3299**  
**301.576.2866**

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Application for Admission

Date of Application: \_\_\_\_\_

Please indicate the Montessori teacher education program to which you are applying:

- Administrator Course – Model 1 (Have administrator license)
- Administrator Course – Model 2 (have a Montessori credential)
- Administrator Course – Model 3 (Have a BA only)

Applicant: \_\_\_\_\_  
Last Name                                      First Name                                      Middle Initial

\_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Preferred First Name                      Maiden Name

Citizenship: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home address: \_\_\_\_\_  
Street                                      City                                      State                                      Zip

Current address: \_\_\_\_\_  
(If different from above) Street                      City                                      State                                      Zip

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

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

How did you learn about the Institute? \_\_\_\_\_

Is there anything you would like us to know about your learning style that would better enable us to assist you during the course? \_\_\_\_\_

\_\_\_\_\_

**Education:**

High School	City/State	Diploma	Graduation Date
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College	Degree/Major	Graduation Date
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If your transcripts are from a foreign country, World Education Services must evaluate them. Have you made arrangements for your transcripts to be evaluated?  
 Yes       No

**Montessori Certification:**

Program	Certification/Level	Year
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**State Teaching Certificate:**

Certificate	Issuing State	Year
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**Teaching Experience:**

School	Location	Level	Years
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**Employment Background:**

Employer	Position	From	To
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**References** (We will expect letters on your behalf from the following three people):

Name	Position/Title	Relationship to Applicant
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

**Practicum Phase:**

Have you made arrangements for a Practicum Site? \_\_\_\_\_ Yes \_\_\_\_\_ No  
School \_\_\_\_\_

School address \_\_\_\_\_  
Street City State Zip

School phone (\_\_\_\_) \_\_\_\_\_ School fax (\_\_\_\_) \_\_\_\_\_

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

Administrator \_\_\_\_\_

School affiliation \_\_\_\_\_ AMS \_\_\_\_\_ AMI \_\_\_\_\_ Other (*Please Specify*) \_\_\_\_\_

Name of supervisor in your class: \_\_\_\_\_

If you do not have a practicum site, in what geographic location can you work?  
\_\_\_\_\_

**Summer Arrangements:**

Do you need housing information? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Camp information for your children? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Checklist – Items Needed for Application:**

- \$150 Application Fee, made payable to the Barrie School (IAMS)
- Two official copies of college transcripts for each degree held, mailed to the Institute from the college
- Copies of Montessori diplomas and/or state teaching certification, if applicable
- Three letters of recommendation using the *Recommendation for Admittance* form, to be sent directly to the Institute by the reference
- Essay discussing (1) the factors that led your interest in becoming a Montessori Administrator, and (2) your expectation of your experience with the Institute
- Resume

**Preferred Method of Payment:**

- In full
- Deferred tuition payment plan

We will process your application once we receive all of the preceding information. Applications may be canceled in writing within seven (7) days after both parties have signed the Enrollment Agreement without penalty. The Institute will promptly refund the \$500 registration fee. After the seven (7) day cancellation period, the registration fee and the application fee will be non-refundable.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_