



2024/2025 School Year

Montessori Verification Form

Parent/Guardian:

In order for your student to receive the Montessori experience preference on the lottery application, **please have the director of your student’s accredited Montessori teacher-trained preschool/school complete the form below.** Please note that CMP office staff will verify this information.

Thank you,
CMP Student Services

Parent Portion:

Name of Montessori School: _____

Name of Student applying to CMP: _____

Program Student was enrolled in (Early Childhood, 6-9, etc.): _____

Start and End Dates Student attended School: _____

To the best of my knowledge, the information provided on this form is true and correct. I am a representative of the Montessori school and am authorized to submit forms on the behalf of the Montessori school’s students.

Montessori School Portion:

Name of Person completing form: _____

Position at Montessori School: _____

Signature: _____ Date _____

Email: _____ School Phone: _____

<p>For Office Use Only: Date Verified: _____ Staff Initials: _____</p>
