Valley View Charter Montessori
Home of the Rattlers
1665 Blackstone Parkway - El Dorado Hills, CA - 95762
(916) 939-9640 or (530) 672-3890
Fax: (916) 939-5015

Montessori Verification Form

Parent/Guardian:

In order for your student to receive the Montessori experience admission preference for **2026/2027**, please have the director of your child's Montessori preschool/school complete the form below. Please note that the VVCM office staff will verify this information.

Name of Montessori School:_____

Name of Student applying to VVCM:_____

Program/Grade Student was enrolled in:_____

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.

Name of Person completing form:_____

Position at Montessori School:_____

Signature:_____ Date:_____

Phone:_____ Email:_____

VVCM Office Use Only: Date Verified: _____ Staff Initials: _____