



2017/2018 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 child's Montessori preschool/school complete the form below. Please note that CMP office staff will verify this information.

Thank you,

James Hartley  
CMP Student Services Coordinator

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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.***

Name of Person completing form: \_\_\_\_\_

Position at Montessori School: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**For Office Use Only:**

Date Verified: \_\_\_\_\_

Staff Initials: \_\_\_\_\_