



2016/2017 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

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: _____