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,

Sherry Butler
CMP Student Services Coordinator

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: _______________________

Montessori Verification Form
11.12.19 tg/sb

For Office Use Only:
Date Verified: ______________
Staff Initials: ______________