

education *m*atters, llc

Montessori Validation Program

Mail completed application and the \$300.00 validation fee to:

Education Matters, LLC
19137 Mateny Hill Rd
Germantown, MD 20874

Initial Application for Validation

School Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

Contact Email Address: _____

School's website address: _____

Head of School/Director

Name: Mr. Mrs. Ms. Dr. _____

Email Address: _____ Phone: _____

School Information

No. of Infant/Toddler classrooms _____ No. of Early Childhood (Primary) classrooms _____

No. of Elementary I classrooms _____ No. of Elementary II classrooms _____

Total No. of classrooms _____ Total No. of Students Enrolled _____

Total No. of Montessori Teachers: _____ Total No. of Montessori Classroom Assts: _____

Other Montessori Affiliations or Accreditations:

Name of organization (i.e. AMS, AMI, IMS, etc) _____

Type of affiliation and/or recognition: _____ Valid through ____ / ____ / ____

Completed by (print): _____ Position: _____

Signature: _____ Date: _____

For questions regarding the application or validation process, please call (301)613-3985.