



AMERICAN MONTESSORI SOCIETY ACCREDITATION INFORMATION PACKET ORDER FORM

SCHOOL INFORMATION

| | | |
|-------------------------------------------------------|----------------------|-------------------------------------------------------|
| Name of School | | AMS membership number |
| Mailing Street Address | | City, State, Zip, Country (if outside Continental US) |
| Phone | Fax | |
| Head of School | Head of School Email | |
| School Email (if different from Head of School Email) | Website Address | |
| Contact Person for School Accreditation | Email | |

Type of School - check all that apply.

- Independent
 Public
 Charter
 Non-profit
 Head Start
 Proprietary

Is the school a **FULL MEMBER** of AMS and have been for at least one (1) year?

- Yes
 No

NOTE: Only schools that are FULL MEMBERS and have been for a minimum of 1 year are eligible for AMS School Accreditation.

Has the school been in full operation for at least two (2) years?

- Yes
 No

NOTE: Only schools that have been in operation for at least two (2) years are eligible to apply for AMS School Accreditation.

| | | |
|------------------|----------------------|--------------------|
| Total enrollment | Age range (youngest) | Age range (oldest) |
|------------------|----------------------|--------------------|

NUMBER OF CLASSES (per level):

| | | | | | | |
|--------|---------|------------|-----------|------------|------------|------------|
| Infant | Toddler | EC (2.5-6) | EL1 (6-9) | EL2 (9-12) | S1 (12-14) | S2 (12-18) |
|--------|---------|------------|-----------|------------|------------|------------|

Total Number of Classes (one half day class counts as one class):

Please indicate which version you prefer: CD (\$35.00) Hard Copy (\$50.00)

PAYMENT OPTIONS (Check one)

CREDIT CARD (MC, V or Discover) AMS is authorized to charge \$. to the credit card listed below:

Account Number

Exp. (MM/YY)

CVV/CVC

(found on back of card)

| | | |
|------------------------------------------|------------------------|------|
| Cardholder's Name (please print clearly) | Cardholder's Signature | Date |
|------------------------------------------|------------------------|------|

CHECK Please enclose a check *payable to American Montessori Society* for \$. (drawn from a U.S. bank in U.S. dollars) with the completed form.

Mail completed form and payment to:

American Montessori Society
Attn: Office of School Accreditation
281 Park Avenue South, 6th fl
New York, NY 10010