AMERICAN MONTESSORI SOCIETY
ACCREDITATION INFORMATION PACKET PRE-ORDER FORM

(Orders will be filled when the new Information Packet becomes available after July 15.)

SCHOOL INFORMATION

Name of School	AMS membership number

Mailing Street Address	City, State, Zip, Country (if outside Continental US)

Physical Street Address (if different from above)	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

Type of School - check all that apply.

≤ Independent ≤ Public ≤ Charter ≤ Non-profit ≤ Head Start ≤ Proprietary

Is the school a **FULL MEMBER** of AMS?

NOTE: Only schools that are FULL MEMBERS (a minimum of 1 year) and have been in operation for at least two (2) years are eligible for AMS School Accreditation.

≤ Yes ≤ No

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)**:**

PAYMENT OPTIONS (Check one)

☐ **CREDIT CARD** (MasterCard, Visa or Discover)

AMS is authorized to charge $35 to the credit card listed below:

Account Number

Exp. (MM/YY)

Cardholder's Name (please print clearly) _____ Cardholder's Signature _____ Date

☐ **CHECK**

Please enclose a check *payable to American Montessori Society* for $35.00 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