



2019/2020 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 Support & Family Engagement 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: \_\_\_\_\_

<p><b>For Office Use Only:</b> Date Verified: _____ Staff Initials: _____</p>
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