

SCHOOL ACCREDITATION HANDBOOK ORDER FORM

SCHOOL INFORMATIO	N							
Name of School						AMS memb	ership number	(if applicable)
Mailing Street Address	City, State, 2	City, State, Zip, Country (if outside Continental US)						
Billing Address (if different fro	ım ahove)			City State 3	7in C	Country (if outsid	e Continental I	IS)
billing Address (if different fre	iii abovej			city, state, i	<u>-</u> ιρ,	ountry (ii outsid	e continental (,,,
Phone	Fax	Fax			Website			
Head of School	Head of School Email				School Email (if different from Head of School's)			
			Lewy					
Contact Person for School Acc	reditation			Email				
Type of School - check all that			la [la · ·
Independent Public Is the school a FULL MEMBER of AMS and I			Charter [Non-profit	<u> </u>	Head S	tart <u> </u>	Proprietary
NOTE: Only schools that a					1 yea		_	ool
Accreditation. Has the school been in full	operation for a	it least two	(2) years?			Yes	☐ No	
NOTE: Only schools that h	ave been in o	peration fo	or at least two			ble to apply fo	or AMS Schoo	
Accreditation. Sch determine readine				e (5) years or I	less	are required t	o have a con	sultation to
Total enrollment				Age range (youn	gest)	Age range (o	ldest)
Within how many months do y	ou anticipate yo	ur school wi	II apply for AMS	School Accredita	tion?	1		
	I-6 months		nonths	12-18 month		_	n 18 months	5
If you are planning to apply fo				ths, when do you	u proj	ject completing		
Projected self-study process completion date:/				<u>/ / / </u>	/ (mm/dd/yyyy)			
CLASSROOM INFORM	ATION (per	level):						
	Infant	Toddler	EC (2.5-6	6) EL1 (6-9	9)	EL2 (9-12)	S1 (12-14)	S2 (12-18)
Number of Classes								
Age Range Enrolled								
Total Enrollment								
Please indicate which	version vol	ı prefer:	Electro	onic Copy (37.	.00)	Hard Copy	(\$52.00)
PAYMENT OPTIONS (•	•		()		тт,	,	(1 7
PATIVIENT OPTIONS (check one)							
CREDIT CARD (MC	C, V or Discov	er) AM	1S is authorize	ed to charge \$	\$	to	the credit	card listed below
						/		
Ac	count Number					Exp. (MM/YY)		/CVC
							(found on b	ack of card)
Cardholder's Name (please print clearly) Cardholder's Signat						Dat	e	
CHECK Disease	anclasa a sh	ack navah	la ta Amarica	n Mantassari	Soc	iatu for ¢	اء/	rawn from a
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Mail completed form an			ļ- 244					
American Mont								

American Montessori Society

Attn: Office of School Accreditation