

Rising Sun Montessori School 4940 Robert J. Mathews Pkwy. El Dorado Hills, CA 95762 916-936-2333 risingsunmontessori.org

## Verification of Montessori Experience

Parent/Guardian:

If you are applying for a child with prior Montessori classroom experience, please have an authorized representative of the current (or previous) Montessori school complete this form. This is required, and will be verified, in order to receive that preference in the lottery.

Thank you, Jenn Short jshort@risingsunmontessori.org

Name of Student: \_\_\_\_\_

Name of Montessori School: \_\_\_\_\_

Dates of enrollment: \_\_\_\_\_

To the best of my knowledge, the information provided on this form is correct. I am an authorized representative of a Montessori School.

| Name:  |                 |  |
|--|-----------------|--|
| Title:   |                 |  |
| Signature:                                       | Date:           |  |
| Phone:   | Email:          |  |
| For office use only<br>Date rec'd date verified: | staff initials: |  |