



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, to receive that preference in the lottery.

Thank you,
Jenn Short
jshort@risingsunmontessori.org

Name of Student: _____

Name of Montessori School: _____

Website (URL): _____

Dates of enrollment (start AND end date, or expected end date: _____

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

Name: _____

Title: _____

Signature: _____

Date: _____

Phone: _____

Email: _____

For office use only

Date rec'd _____ date verified: _____ staff initials: _____