



**Louisiana Montessori Association
Application for Membership**

Name of School: _____ Date _____

Physical Address: _____

Street City Zip Parish

Mailing Address (if different): _____

Street City Zip Parish

School Telephone Number: _____ School Fax Number: _____

E-mail Address: _____

Principal or Head of School _____ Cell Phone Number: _____

Director or Assistant Principal: _____ Owner: _____

Total Number of Students: _____ Total Number of Teachers: _____ Number of Locations: _____

Does the school come under any other licensing agency? Yes No If yes, list agency: _____

Number of Classes: (Mark the number of classes in each level)

- _____ Infants and Toddlers (Do you have a Daycare License for these children?)
- _____ Primary (Ages 2.5 – 6 years; Pre-school, Pre-K, K)
- _____ Lower Elementary (Ages 6 – 9 years; 1st, 2nd, 3rd grades)
- _____ Upper Elementary (Ages 9 – 12 years; 4th, 5th, 6th grades)
- _____ Middle School (Ages 12 – 15; 7th, 8th grades)

Date School Opened: _____

Is the school incorporated? Yes No If yes, is the school: For Profit Non-profit

Enclose your application fee of \$500.00 when you return this form. This fee does include the LMA annual dues for the current school year.

Mail to: Louisiana Montessori Association
5064 Perkins Road
Baton Rouge, Louisiana 70808

Further instructions will be forwarded once your Application for Membership has been received and processed in the LMA office.

For Administrative Office Use Only

Date Received: _____

Amount Received: _____ Form of Payment: Bank Draft Check#: _____

File Open: _____ Packet Mail Date: _____