

Wausau Area Montessori Charter School

Application for Board of Governance

Name: _____ Date of Application: _____

Street Address: _____ City/State/Zip Code: _____

Phone Number: _____ Email Address: _____

What is your basic understanding of Charter Schools?

What is your basic understanding of Montessori Education?

What special skills or attributes do you feel that you can bring to the WAMCS Governance Council?

What are the areas of your professional training?

Signature _____