



**NOTE: The fee for registration is \$200 per family, \$50 (non-refundable) of which must accompany this application. Upon confirmation of enrollment, the balance of \$150 is due along with a tuition deposit of \$500 for K-5, \$100 for preschool.**

Application Submission Date \_\_\_\_\_ Requested Enrollment Date \_\_\_\_\_ Date of Tour \_\_\_\_\_

**Child Information**

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

**Grade Level Requested (check one)**

**Preschool \_\_\_\_\_ (Please schedule a tour by calling (303) 494-7508 before submitting an application for your preschooler.)**

**Indicate, under either Preschool Day or Full Day, the specific days of the week you wish your child to attend.**

1 <sup>st</sup> Preference	<b>Preschool Day (9 – 2:30)</b>	<b>Full Day (more than 5.5 hours)</b>
	M T W TH FR	M T W TH FR
2 <sup>nd</sup> Preference	<b>Preschool Day (9 – 2:30)</b>	<b>Full Day (more than 5.5 hours)</b>
	M T W TH FR	M T W TH FR

**Please indicate whether your kindergarten or elementary child will be in attendance during the "School Day" or the "Full Day."**

	<u>School Day (8:30 – 3:00)</u>	<u>Full Day (Before and/or after school)</u>	
<b>Kindergarten</b>	_____	_____	
<b>Elementary</b>	_____	_____	<b>Grade</b> _____

**Developmental Information**

To assist us in creating an appropriate plan for your child, please provide details regarding prior IEPs, therapeutic evaluations, social/academic needs and concerns, or any other information about your child that might be helpful for us to know (allergies, asthma, medications.)

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**Family Information**

**Parent's or Guardian's Name** \_\_\_\_\_

Home ph.# (\_\_\_\_) \_\_\_\_\_ Cell ph.# (\_\_\_\_) \_\_\_\_\_

Place of employment \_\_\_\_\_ Work ph.# (\_\_\_\_) \_\_\_\_\_

Email address(es) \_\_\_\_\_

**Mailing address if different than child's above:**

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Parent's or Guardian's Name** \_\_\_\_\_

Home ph.# (\_\_\_\_) \_\_\_\_\_ Cell ph.# (\_\_\_\_) \_\_\_\_\_

Place of employment \_\_\_\_\_ Work ph.# (\_\_\_\_) \_\_\_\_\_

Email address(es) \_\_\_\_\_

**Mailing address if different than child's above:**

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**How did you hear about Bixby School? (Check all that apply)**

\_\_\_\_ Friends/Family (name optional) \_\_\_\_\_

\_\_\_\_ Professional referral from \_\_\_\_\_

\_\_\_\_ Ad in \_\_\_\_\_ (publication)

\_\_\_\_ Website

\_\_\_\_ Phone book

\_\_\_\_ Other \_\_\_\_\_

Did you visit Bixby's website ([www.bixbyschool.org](http://www.bixbyschool.org)) prior to your call? Yes \_\_\_ No \_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail or fax completed form to:**

**Bixby School**  
4760 Table Mesa Drive, Boulder, CO 80305  
Phone: 303/494.7508 Fax: 303/494.7519

**OFFICE USE ONLY**  
Date of Tour \_\_\_\_\_ Date of Enrollment \_\_\_\_\_  
Date \$50.00 Wait List Paid \_\_\_\_\_  
Date \$150.00 Registration Fee Paid \_\_\_\_\_  
Date Deposit Paid (\$100 preschool, \$500 K-5) \_\_\_\_\_