



Application 2016-17

NOTE: An application fee of \$100 per child (non-refundable) must accompany this application. Upon confirmation of enrollment, a tuition deposit is also due.

Application Submission Date _____ Requested Enrollment Date _____

Child Information

Child's Full Name _____ DOB ___ / ___ / ___

Street Address _____ City _____ Zip _____

Home Phone (____) _____ Previous School Attended _____

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.

	Preschool Day (9 – 2:30)	Full Day (more than 5.5 hours)
1st choice	M T W TH FR	M T W TH FR

	Preschool Day (9 – 2:30)	Full Day (more than 5.5 hours)
2nd choice	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 – 3:15)</u>	<u>Full Day (7:15 – 5:45)</u>
Kindergarten	_____	_____
Elementary	_____	_____ Grade _____

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.)

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) 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 \$100 Application Fee Paid _____

Date Tuition Deposit Paid _____