



Application 2010-11

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 (____) _____

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)				
M	T	W	TH	FR	M	T	W	TH	FR

Preschool Day (9 – 2:30)					Full Day (more than 5.5 hours)				
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 (W/before and/or after school)</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 _____