



Bixby School Application Elementary Program

Please select the next academic year you are applying for:

___2016-17 ___2017-18 ___2018-19 ___2019-20

NOTE: An application fee of \$100 per child* (non-refundable/payable by check) must accompany this application. Please make your check payable to Bixby School.

*for transitioning families from Bixby Preschool to our Elementary Program no application fee is due.

Application Submission Date _____ Requested Enrollment Date _____

Child’s Name: _____
 First Middle Last

Date of Birth ___/___/___

Parent/Guardian 1: Email: _____

Name: _____
 First Middle Last

Street Address _____ City _____ Zip _____

Home Phone (_____) _____ Cell Phone:(_____) _____

Parent/Guardian 2 : Email: _____

Name: _____
 First Middle Last

Street Address _____ City _____ Zip _____

Home Phone (_____) _____ Cell Phone:(_____) _____

Preferred Mailing Address: ___Parent 1 ___Parent 2 ___Both

Previous/Current Elementary School(s) _____

Preschool Attended _____

Program Preference:

1. Elementary (choose below)	2. Choose either this	OR this
Select Grade K* 1 2 3 4 5	School Day (8:30 -3:15) _____	Full Day (7:15 -5:45) _____
*(K is a 5-day, school day program)	Additional Childcare Days: M T W TH FR All	Select all that apply: M T W TH FR All If you will be using 10 or more hours of childcare p/week, then this is the most economical option.

Your child:

Please provide us with a few details regarding your child’s academic strength and opportunities for growth as well as how your child’s social and emotional strengths and challenges. We will require complete records to review your application. Depending on the program you are applying for this includes school records, special service provider reports, as well as teacher recommendations.

Academic strengths, interests and areas for growth:

Social and emotional strengths and areas for growth:

Please share any special interests, expertise, passion areas you have and/or activities you enjoy with your child:

Does your child have any allergies, dietary restrictions or health conditions that we should be aware of ?

No _____ Yes _____ Please list: _____

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

_____ Friends/Family (name optional) _____

_____ Ad in _____ (publication)

_____ Website

_____ Community event

_____ Other _____

Signature _____

Date ____/____/____

NOTE: Upon confirmation of enrollment, a tuition deposit (one month tuition/refundable) and annual facilities fees are also due. Please refer to our tuition and fees information for more details.

*for transitioning Bixby Preschool students, your Preschool deposit will be applied towards your new deposit fee.

Please submit in person, mail or fax completed form to:

Bixby School

Admissions

4760 Table Mesa Drive, Boulder, CO 80305

Phone: 303/494.7508 Fax: 303/494.7519

www.bixbyschool.org

OFFICE USE ONLY

Date of Tour _____

Date of Enrollment _____

Date \$100 Application Fee Paid _____

Date Tuition/Facilities fees Deposit Paid _____