



# 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:

Name: \_\_\_\_\_

\_\_\_\_\_

First Middle Last

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

\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone:  
(\_\_\_\_) \_\_\_\_\_

### Parent/Guardian 2 :

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
<p style="text-align: center;">Select Grade</p> <p>K*    1    2    3    4    5</p>	<p style="text-align: center;">School Day (8:30 -3:15)</p> <p style="text-align: center;">_____</p>	<p style="text-align: center;">Full Day (7:15 -5:45)</p> <p style="text-align: center;">_____</p>
<p>*(K is a 5-day, school day program)</p>	<p style="text-align: center;"><b>Additional Childcare Days:</b></p> <p style="text-align: center;">M T W TH FR All</p>	<p style="text-align: center;"><b>Select all that apply:</b></p> <p style="text-align: center;">M T W TH FR All</p> <p>If you will be using 10 or more hours of childcare p/week, then this is the most economical option.</p>

**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:**

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**Social and emotional strengths and areas for growth:**

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

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

No \_\_\_\_\_ Yes \_\_\_\_\_ Please  
list: \_\_\_\_\_

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**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](http://www.bixbyschool.org)

**OFFICE USE ONLY**

Date of Tour

\_\_\_\_\_

Date of Enrollment

\_\_\_\_\_

Date \$100 Application Fee Paid