



Primary and Middle School Application

Today's Date _____

Child's Name _____ Child goes by _____ Birthdate _____ Gender _____
(First, Middle, Last)

Age _____ Grade applying to _____ Applicant presently attends _____
School Name Previous Schools attended

Place of Birth _____

Is this a sibling applicant? No Yes Have you previously applied to Ricks Center? No Yes Year _____

Parent/Guardian 1

(Name, including title) (Date and Place of Birth)

(Address) (City, State, Zip)

(Home) (Cell) (Email Address)

Parent/Guardian 2

(Name, including title) (Date and Place of Birth)

(Address) (City, State, Zip)

(Home) (Cell) (Email Address)

Applicant living with: _____

(Adult names and relationship)

(Siblings and other children, names and relationship)

Primary Language(s) spoken in the home: _____

Secondary Language(s) spoken in the home: _____

Parental Observations:

What three words best describe your child? Please give examples:

Why do you think Ricks is a good match for your child? What hopes and/or expectations do you have of Ricks?

I think my child learns best when...

Please describe your child's previous educational experience and the educational experience you want for your child:

What are your child's favorite academic interests and strengths?

What are your child's favorite activities and interests outside of the classroom?

What are your child's strengths and challenges?

What are 3 things we should know about your child?

What Social Emotional/intellectual goals do you have for your child?

At Ricks, we strive to meet the needs of the whole child in our classrooms. Has your child ever needed any extra support for academic, emotional, health or physical needs? (e.g. from a tutor, occupational therapist, speech pathologist, counselor, psychologist, or physician). Please explain:

Please describe your child's intellectual ability and feelings toward school: _____

Please describe any unusual accomplishments your child has had: _____

What unique and/or interesting experiences has your child had? (i.e., special family times, travel, classes, etc.)

Are there any developmental or health-related concerns that we should be aware of? _____

Please check the type of care your child/schooling has had:

Years:	Sitter	Preschool	Home	Daycare	Other	(specify)	Approx. #hrs/wk
0-1	_____	_____	_____	_____	_____	_____	_____
1-2	_____	_____	_____	_____	_____	_____	_____
2-3	_____	_____	_____	_____	_____	_____	_____
3-4	_____	_____	_____	_____	_____	_____	_____
4-5	_____	_____	_____	_____	_____	_____	_____

Optional Information:

Do you intend to apply for need-based financial aid: ___ Yes ___ No

Are you Hispanic or Latino ___ Yes ___ No

Select one or more of the follow races:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Rank to what extent the following descriptions fit your child 1 (seldom) - 5 (almost always)

Please include an example

1. My child is a keen observer:

① ② ③ ④ ⑤

Please Describe:

2. My child is an out of the box or creative thinker:

① ② ③ ④ ⑤

Please Describe:

3. My child has a high level of energy or activity:

① ② ③ ④ ⑤

Please Describe:

4. My child is emotionally sensitive:

① ② ③ ④ ⑤

Please Describe:

5. My child shows compassion:

① ② ③ ④ ⑤

Please Describe:

6. My child is perfectionistic:

① ② ③ ④ ⑤

Please Describe:

7. My child perseveres on a project until it is finished:

① ② ③ ④ ⑤

Please Describe:

8. My child gets easily frustrated:

① ② ③ ④ ⑤

Please Describe:

9. My child enjoys a challenge:

① ② ③ ④ ⑤

Please Describe:

10. My child is intense:

① ② ③ ④ ⑤

Please Describe:

11. My child has close relationships with peers:

① ② ③ ④ ⑤

Please Describe:

12. My child voices his/her own opinion:

① ② ③ ④ ⑤

Please Describe:

13. My child has a wide range of ideas and interests:

① ② ③ ④ ⑤

Please Describe:

14. My child is an avid reader:

1 2 3 5

a What types of reading materials or books do they enjoy?

15. My child learns new concepts quickly:

1 2 3 4 5

Please Describe:

16. My child applies new concepts to various situations:

1 2 3 4 5

Please Describe:

17. My child's judgment is mature for his or her age at times:

1 2 3 4 5

Please Describe:

18. My child has a sense of humor:

1 2 3 4 5

Please Describe:

19. My child is curious:

1 2 3 4 5

Please Describe:

20. My child prefers the company of older children and/or adults:

1 3 4

Please Describe:

21. My child is concerned with justice or fairness:

1 2 3 4 5

Please Describe:

Please make the \$75 application fee payable to University of Denver (first time applicants).

I have completed the Ricks Center application for the above applicant truthfully and to the best of my knowledge. I authorize Ricks Center to contact past and current schools, teachers, tutors, administrators, and other sources to obtain information to support the application (including transcripts, confidential recommendations, evaluations, and any additional documentation).

Withholding of information or records, especially those indicating that any of these applicants may have academic or behavioral concerns, may delay the admission process and ultimately could result in denial of admission. In cases where admission has been granted (whether prior or after student enrollment), and Ricks Center learns specific information was not included during the application process, the Admission Committee will re-evaluate the admission decision.

(Signature)

(Date)

How did you learn about Ricks?

- | | | |
|---|---|---|
| <input type="checkbox"/> Current Ricks Family | <input type="checkbox"/> Ricks Center website | <input type="checkbox"/> Lone Tree Presents Publication |
| <input type="checkbox"/> Previous Ricks Family | <input type="checkbox"/> Colorado Parent Magazine | <input type="checkbox"/> Denver University Alum |
| <input type="checkbox"/> Friends or Coworkers | <input type="checkbox"/> 5280 | <input type="checkbox"/> Denver University Employee |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> NAGC Website | <input type="checkbox"/> Denver University Publication |
| <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Colorado Public Radio | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> Educational Psychologist | <input type="checkbox"/> Life in the Park | _____ |
| <input type="checkbox"/> Testing Center | <input type="checkbox"/> Glendale Chronicle | _____ |
| <input type="checkbox"/> Educational Consultant | | |