



**RICKS CENTER FOR GIFTED CHILDREN**  
**Application for Enrollment**

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Child goes by \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Age/Grade \_\_\_\_\_ Applicant presently attends \_\_\_\_\_  
School Name \_\_\_\_\_ Previous Schools attended \_\_\_\_\_

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) \_\_\_\_\_  
\_\_\_\_\_  
(Education, highest level) \_\_\_\_\_ (Degrees) \_\_\_\_\_ (Occupation) \_\_\_\_\_

**Parent/Guardian 2**

\_\_\_\_\_  
(Name, including title) \_\_\_\_\_ (Date and Place of Birth) \_\_\_\_\_  
\_\_\_\_\_  
(Address) \_\_\_\_\_ (City, State, Zip) \_\_\_\_\_  
\_\_\_\_\_  
(Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Email Address) \_\_\_\_\_  
\_\_\_\_\_  
(Education, highest level) \_\_\_\_\_ (Degrees) \_\_\_\_\_ (Occupation) \_\_\_\_\_

Parents'/Guardians' Relationship to Child: Biological \_\_\_\_\_ Adopted \_\_\_\_\_ Other \_\_\_\_\_

If adopted, age of child at adoption \_\_\_\_\_

Applicant living with: \_\_\_\_\_  
(Adult names and relationship)

\_\_\_\_\_  
(Siblings and other children, names and relationship)

Language(s) spoken in the home: \_\_\_\_\_

**Parental Observations:**

Why did you choose to apply to Ricks Center for Gifted Children?

Why do you think Ricks Center for Gifted Children is a good match for your child?

In what way does your child need programming for gifted children?

What would you like for your child to receive as a result of his/her education at Ricks Center for Gifted Children?

I think my child learns best when...

Please describe your child's previous educational experience:

What else should we know about your child?

Additional comments:

Please indicate the school year/grade for which you are applying (e.g. 2015–16/ Kindergarten): \_\_\_\_\_

How did you learn about Ricks Center?

My signature below indicates that all of the information contained in this application is correct. I understand space for new students is limited, and that my child may be accepted in the program, placed on a wait list, or not accepted because the Admissions Committee believes that my child's educational needs do not match the program offered by the Ricks Center for Gifted Children. Additionally, I understand that my child may be requested to spend one or two days participating/visiting in a classroom.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Please make the \$75.00 application fee payable to the University of Denver (first time applicants).**

If my child is accepted to Ricks Center for Gifted Children, I give permission to release my name, address and phone number to other Ricks Center parents for Ricks Community Association purposes, such as classroom buddies, school picnic, etc.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

