

The following information will enable us to get to know your child better.

What are your educational goals for your child? How do you see Ramalynn facilitating these goals?

Does your child have any hobbies, sports or special interests, or unusual capabilities or talents?

Does your child have foreign language education or background?

Is your child's general development and academic performance in his/her present school consistent with your expectations for him/her?

Has your child had any remedial work, special tutoring, or enrichment classes during the past two years? If so, in what academic area?

Is there significant medical history which we should be aware and/or have any diagnostic evaluations (educational or psychological) ever been completed for your child? Please give details and request that a copy of educational testing or evaluations be sent to us.

Does your child have any medical concerns we should be aware of?

Does your child have any allergies?

Are you aware of any areas in which we might be able to give special help and encouragement to your child?

Signature of Parent/Guardian making application: _____ Date: _____

Please enclose a non-refundable Application Fee of \$50.00 (fifty dollars) and return this form to:

Ramalynn Business Office
Attn: Cassy Ramalingam, Dean of Admissions
8800 Queen Ave S, Bloomington, MN 55431, 952-921-6500

For Office Use Only:
\$50 Application Fee? Date: _____
\$150 Enrollment Fee? Date: _____