



Student's Name: \_\_\_\_\_ Calling Name: \_\_\_\_\_  Male  Female  
First Middle Last

Home Address: \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Have you applied to Ramalynn Academy before? Y or N

Birth Date: \_\_\_\_\_ Age in September: \_\_\_\_\_ Grade to Enter: \_\_\_\_\_ Date to Enter: \_\_\_\_\_

Present School: \_\_\_\_\_ Present Grade: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Name of Teacher/Counselor: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

Is another child in your family applying?  YES  NO

\_\_\_\_\_  
**Parent/Guardian – Full Name**

\_\_\_\_\_  
 Home Address (if different from student) Phone

\_\_\_\_\_  
 Employer Position Phone

\_\_\_\_\_  
 Email Address

**Parent/Guardian responsible for child's support?**  
 \_\_\_\_\_

**To whom should billing be sent if other than above?**  
 \_\_\_\_\_

\_\_\_\_\_  
 Full Name

\_\_\_\_\_  
 Home Address Phone

\_\_\_\_\_  
 Employer Position Phone

\_\_\_\_\_  
**Parent/Guardian – Full Name**

\_\_\_\_\_  
 Home Address (if different from student) Phone

\_\_\_\_\_  
 Employer Position Phone

\_\_\_\_\_  
 Email Address

**Name and ages of siblings (include current school):**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Relatives who are attending or have attended Ramalynn:**  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**How did you hear about Ramalynn?**

***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?

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

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Does your child have foreign language education or background?

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

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

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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.

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

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Does your child have any allergies?

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

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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: \_\_\_\_\_