



New Student Returning Student

Student's Name: _____ Male Female Birth Date: _____
First Middle Last Month/Day/Year

Options: 5 Full Days 3 Full Days 5 Mornings Extended Day Grade to Enter: _____

Hours my child will be in school: From _____ A.M. to _____ A.M./P.M

Parent/Guardian Name: _____ Email Address: _____
First Middle Last

Home Address: _____
Address City State Zip

Profession: _____ Employed by: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please include the following in the private RMA Parent Directory: Address Cell Phone Email Initials: _____

Parent/Guardian Name: _____ Email Address: _____
First Middle Last

Home Address: _____
Address City State Zip

Profession: _____ Employed by: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please include the following in the private RMA Parent Directory: Address Cell Phone Email Initials: _____

Person Responsible for Billing: _____

Emergency Names and Numbers:

Name	Relationship	Cell Phone	Work Phone

Name	Relationship	Cell Phone	Work Phone

I authorize the above persons to act on my behalf if I cannot be reached in case of an emergency. _____
Signature

Child's Doctor: _____ Phone: _____

Each application for enrollment must be accompanied by an Application Fee of \$50.00 (for new students) before it can be processed. Once accepted, an Enrollment Fee of \$150.00 is due to begin school. Please make checks payable to Ramalynn Academy. I understand and agree to the tuition payment plan and school policies.

Parent's Signature _____ Date _____