# RAMALYNN ACADEMY
SMALL SCHOOL. BIG IMPACT.

# ENROLLMENT FORM

☐ 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

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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: _____

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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: _____

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Person Responsible for Billing: _____

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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: _____

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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

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Ramalynn Academy
8800 Queen Avenue South
Bloomington, MN 55431
952.921.6500

For Office Use Only:
Referred by: _____
Previous School: _____
$50 Application Fee paid? Date:
$150 Enrollment Fee paid? Date: