

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

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

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

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Does this child have foreign language education or background?

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

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

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

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Signature of Parent or Guardian making application \_\_\_\_\_ Date \_\_\_\_\_

*Please enclose a non-refundable application fee of fifty (\$50) dollars and return this form to:*

*For office use only:*

\$50.00 Application Fee paid? Date \_\_\_\_\_

\$150.00 Enrollment Fee paid? Date \_\_\_\_\_

Lynn Ramalingam, Head of School and Founder  
Ramalynn Business Office: 5917 W 101st Street • Bloomington, MN 55438 • 921-6500