



**IMS**  
Information Management Systems

6237 Arroyo Vista, Rockford MI 49341 - 616.874.8963 (Phone & Fax)

# Enrollment Projection Request Form

*Please complete the information on this page, and send to us by mail or fax!*

Grade	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
K						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

**School Information:**

What are your:  
 Elementary grades (ex. K-5): \_\_\_\_\_  
 Middle School grades (ex. 6-8): \_\_\_\_\_  
 High School grades (ex. 9-12): \_\_\_\_\_  
 County your district is located in: \_\_\_\_\_

**Send Completed Projections to:**

Contact Person: \_\_\_\_\_  
 District: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Save \$10!**

Receive your projections over Email instead of on paper.  
 You'll save money and receive your projections sooner. We'll save printing and mailing costs.  
*(Be sure to fill in your Email address and select the proper billing option below.)*

**Billing Information:**

We will be unable to provide projections unless one of the boxes below is completed.

<input type="checkbox"/> <b>Prepay</b> ___\$170 enclosed (Printed report) ___\$160 enclosed (Email Report)	<input type="checkbox"/> <b>Purchase Order</b> ___\$185 (Printed) ___\$175 (Email) Billed on this Purchase Order # _____ <i>Purchase Order #</i>	<input type="checkbox"/> <b>Signature Order</b> ___\$185 (Printed) ___\$175 (Email) Billed on this Signature _____ <i>Signature</i>
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