



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	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
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"/> Prepay ___\$170 enclosed (Printed report) ___\$160 enclosed (Email Report)	<input type="checkbox"/> Purchase Order ___\$185 (Printed) ___\$175 (Email) Billed on this Purchase Order # _____ <i>Purchase Order #</i>	<input type="checkbox"/> Signature Order ___\$185 (Printed) ___\$175 (Email) Billed on this Signature _____ <i>Signature</i>
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