



**4913 Schofield St.
Monona, Wisconsin 53716
608.222.8831
www.ihm-school.org**

Inspiring Hearts and Minds

2010-2011 K-8 REGISTRATION

Student Information

Student's Name _____
Last First Middle

Address _____
Street City State Zip

Phone _____ **E-Mail Address** _____

Date of Birth _____ **Place of Birth** _____
month/day/year

Other Sibling:1. _____ Date of Birth _____
Name month/day/year

Other Sibling:2. _____ Date of Birth _____
Name month/day/year

Other Sibling:3. _____ Date of Birth _____
Name month/day/year

Language used at home _____ Student lives with ___ Father ___ Mother ___ Both

Registering for Placement in Grade _____ Student's age on September 1, 2010 _____
Years / Months

Previous Schools: *Please list most recent first*

1.	_____	_____	_____
	<i>School</i>	<i>City, State</i>	<i>Dates</i>
2.	_____	_____	_____
	<i>School</i>	<i>City, State</i>	<i>Dates</i>
3.	_____	_____	_____
	<i>School</i>	<i>City, State</i>	<i>Dates</i>

Special educational or medical needs (please list) _____

Religious Information

Registered Member of _____ Parish

Baptism _____
Date Church City State

What other sacraments has the student received? _____

Mother/Guardian Information

Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Work Phone _____

Place of Birth _____
City State

Occupation _____

Registered Member of _____ Parish

Father/Guardian Information

Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Work Phone _____

Place of Birth _____
City State

Occupation _____

Registered Member of _____ Parish

How did you hear about IHM School?

- Preschool Newspaper Sibling Attends IHM
 IHM Church IHM Family(name) : _____ Other Media(please list): _____

Immaculate Heart of Mary School does not discriminate on the basis of race, creed, national origin, sex or physical disability.

Please return this form with a copy of the child's birth certificate and \$200.00 non-refundable registration fee per newly registered family. \$150.00 of this fee will be applied towards the 2010-2011 Tuition Balance

For Office Use Only
Date Received _____
Amt. Received _____
Check No. _____