

**MARY IMMACULATE SCHOOL  
712 E. WASHINGTON  
KIRKSVILLE, MO 63501  
(660) 665-1006**

**PREREGISTRATION FORM**

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_

No, my child \_\_\_\_\_ will not be attending Mary Immaculate in the school year of 2008-2009.

	<b><u>Child's Name</u></b>	<b><u>Grade Next Fall</u></b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**FIRST GRADE REGISTRATION**

Child's Name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age of child when entering school \_\_\_\_\_ years \_\_\_\_\_ months

Kindergarten attended \_\_\_\_\_