

Alumni / Parent of Alumni Registration Form

Thank you for taking time to tell us a little bit about yourself.

Check One or Both:

- Alumni
 Parent of Alumni

Contact Information:

Last Name _____
Maiden Name _____
First Name _____
Home Address _____
City _____
State _____
Zip Code _____
Preferred Phone _____
E-mail Address _____
Occupation _____
Years Attended IHM School _____
Year Graduated (if applicable) _____

I Would Like To:

- Receive quarterly alumni news and updates via e-mail.
 Be a class representative.
 Be an alumni committee member.
 Provide contact information about fellow alumni.
 Attend alumni events.
 Volunteer at daytime school events.
 Attend fundraising events.

Parent of Alumni:

If you are a parent of alumni, please list the names of your children and the years they attended IHM School.

Please tell us what you have been up to or provide any news you would like to share in our quarterly electronic newsletter and facebook.

Send this information to: alumniservices@ihmschool.org or Immaculate Heart of Mary Catholic School, 2855 Briarcliff Road, NE, Atlanta, GA 30329 attention: Jennifer Sedlack.

Thank you!