

Information Card

Name: ____ Name: ____ Phone Number: (Spouse's Name: Please Print Clearly Phone Number: (Spouse's Name: Email: Address: Email: Address: Please Print Clearly Have you ever purchased from Sonlight? Are you currently homeschooling?

Yes

No

Just starting Have you ever purchased from Sonlight? ☐ Yes ☐ No Are you currently homeschooling? ☐ Yes ☐ No ☐ Just starting SONLIGHT (It is Sonlight Curriculum's policy to respect and protect your information. We want to assure you that we will not sell, share, or rent this information to others.) (It is Sonlight Curriculum's policy to respect and protect your information. We want to assure you that we will not sell, share, or rent this information to others.) The way you wish you'd been taught <u>≤</u> <u>≤</u> Yes State: State: Last Last No **Information Card** Zip: Zip:

Email:

(It is Sonlight Curriculum's policy to respect and protect your information. We want to assure you that we will not sell, share, or rent this information to others.)

Are you currently homeschooling?

Yes

□ No □ Just starting

□ No

Information Card

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Spc	Spouse's Name:
Ado	Address:
City	City: State: Zip:
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Email:	 (it is Sonlight Curriculum's policy to respect and protect your information. We want to assure you that we will not sell share, or rent this information to others.)
1	Are you currently homeschooling? $\ \ \square$ Yes $\ \ \square$ No $\ \ \ \square$ Just starting
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	SONLIGHT The way you wish you'd been taught.
Pleas	Please Print Clearly
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Spc	Spouse's Name:
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