For office use only: \	/olunte	er chec	ked	
I.D NEW	teache	r	NEW shopper Name/School Change	
******	****	*****	*****************	**** **
			2025-26 TW Shopper Information	
To	be pres	ented o	n the first shopping visit of the school year BY ALL SHOPPERS	
Fill in COMPLETELY; p)lease _l	print leg	<u>gibly:</u>	
First Name			Middle InitialLast Name	
our School District_			Your Cell Phone	
Your School Name			Your School Phone	
our SCHOOL Email _				
Circle your role:			para/aide media specialist counselor therapist	
		_	nurse spec. ed. admin	
=	_		oel? and/or special subjects?	
secondary teacher, u	hat suر	bject ar	rea(s)?	
Circle one response	Yes	No	I have shopped at TW using the barcode system	
in each line:	Yes	No	ALL MY INFORMATION ABOVE IS THE SAME AS LAST YEAR.	
	Yes	No	I have read the updated 2025-26 Shoppers Guidelines. (If a retu	rning
			shopper, focus on highlighted sections.	
	Yes	No	My last name <u>has changed</u> since the last time I shopped at TW. I	f "yes,"
			what was your former LAST name?	
			NEW shopper Name/School Change	lanta da nta da nta nt

			2025-26 TW Shopper Information	
	•		n the first shopping visit of the school year BY ALL SHOPPERS	
Fill in COMPLETELY; p	-	_	-	
			Middle InitialLast Name	
			Your Cell Phone	
			Your School Phone	
our SCHOOL Email ₋				
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		_	nurse spec. ed. admin	
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	Yes	No	My last name <u>has changed</u> since the last time I shopped at TW.	f "uec"
	163	INU	what was uour former LAST name?	ges,
			what was uuul tuttiel last halle!	