*Hyline Alumni Intake Form*

Name (including maiden):

Nickname:

Address:

Phone:

Email:

Emergency contact info:

Birthday:

Years on Hyline:

Director:

Were you an Officer?

Did you have a Sibling on Hyline?

Do you or did you have a daughter or family member on Hyline?

Year graduated WHS:

University or College

Year graduated

Tell us about you! Married/children/career etc

Favorite Hyline memory:

What you’d like to experience with the Hyline Alumni Association:

Interested in volunteering?

Social media account: