

PTO Getting To Know You 2024-2025

Let us know a little about you!

First & Last Name *

Andrea Searcy

Your Campus Building Location *

Elementary

Middle School

High School

Other: _____

Your Birthday *

MM DD YYYY

05 / 05 / 1978

Grade(s)/Classes Taught or Job Title *

6/7 ELA

Favorite Color *

purple

Favorite Candy *

snickers

Favorite Scent *

Lavender

Favorite Cookie *

pumpkin chocolate chip

Favorite Coffee or Tea *

Coffee- no dairy

Favorite Drink *

Sparkling water (bubly)

Favorite SONIC Drink *

strawberry lemonade slushy

Favorite Restaurant *

Texas Roadhouse

Favorite Snack *

trailmix

Favorite Gift Cards *

Starbucks

Favorite Hobby *

Reading

Is there anything that you prefer not to receive, are allergic to, or simply have too much of?

Dairy/cheese

Which of the following describes you? Check all that apply. *

Gluten Free

Dairy Free

Sugar Free

Nut Free

No dietary restrictions

Other:

WISH LIST:

*

Please, list some items for your classroom/workspace. (Things for this list could be items for rewards, decorations, supplies, etc.)

fine tip white board markers (for students)
.....

Is there anything else that you would like us to know about you?

I am new to Arkansas and so excited to be here :)
.....

This form was created inside of Arkansas Christian Academy.

Google Forms