

PTO Getting To Know You 2025-2026

Let us know a little about you!

Email *

bdiscenza@archristian.org

First & Last Name *

Britton Discenza

Your Campus Building Location *

Elementary

Middle School

High School

Other: _____

Your Birthday *

MM DD YYYY

03 / 31 / 2005

Grade(s)/Classes Taught or Job Title *

Teacher's Aide

Favorite Color *

Pink

Favorite Candy *

Reeces

Favorite Scent *

N/A

Favorite Cookie *

Peanut butter

Favorite Coffee or Tea *

N/A

Favorite Drink *

Dr.Pepper

Favorite SONIC Drink *

Blue Raspberry Slushy

Favorite Restaurant *

Olive Garden

Favorite Snack *

Gushers

Favorite Gift Cards *

Amazon

Favorite Hobby *

Sleeping

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

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.)

N/A

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

I Love God

This form was created inside of Arkansas Christian Academy.

