

PTO Getting To Know You 2024-2025

Let us know a little about you!

First & Last Name *

Ben Thomas

Your Campus Building Location *

Elementary

Middle School

High School

Other: _____

Your Birthday *

MM DD YYYY

09 / 19 / 1988

Grade(s)/Classes Taught or Job Title *

Head football and Softball Coach

Favorite Color *

Purple

Favorite Candy *

Cliff Bars

Favorite Scent *

Lavender

Favorite Cookie *

White Chocolate Macadamia

Favorite Coffee or Tea *

Green Tea

Favorite Drink *

C4

Favorite SONIC Drink *

Cherry Coke Zero

Favorite Restaurant *

Sonic

Favorite Snack *

BBQ Chips

Favorite Gift Cards *

Amazon

Favorite Hobby *

Golfing

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.)

Pens

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

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This form was created inside of Arkansas Christian Academy.

Google Forms