## PTO Getting To Know You 2024-2025

Let us know a little about you!

First & Last Name * Claire Bonnette
Your Campus Building Location *
Elementary
Middle School
High School
Other:
Your Birthday *
MM DD YYYY
01 / 12 / 1976
Grade(s)/Classes Taught or Job Title *
4th/5th grade

Favorite Color *
any color
Favorite Candy *  Any Russell Stover sugar free candy (sweetened with stevia)
Fall Scents
Favorite Cookie *  Any sugar free cookie (sweetened with stevia)
Favorite Coffee or Tea *  Neither
Favorite Drink *  Water
Favorite SONIC Drink *  Water-extra ice

Favorite Restaurant *
Lost Pizza, Verona, any Mexican Restaurant
Favorite Snack *
Cashews, pistachios, pecans, smart food popcorn
Favorite Gift Cards *
Any restaurant, TJMAXX, Hobby Lobby, Wal Mart, Target
Favorite Hobby *
Riding my bike
Is there anything that you prefer not to receive, are allergic to, or simply have too much of?
Allergic to lotions with raspberry

Which of the following describes you? Check all that apply. *
Gluten Free
Dairy Free
Sugar Free
Nut Free
No dietary restrictions
Other: Can have any candy/dessert sweetened with stevia
WISH LIST:  * Please, list some items for your classroom/workspace. (Things for this list could be items for rewards, decorations, supplies, etc.)
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