

PTO Getting To Know You 2024-2025

Let us know a little about you!

First & Last Name *

David Clinton

Your Campus Building Location *

☐ Elementary

☐ Middle School

☒ High School

☐ Other: _____

Your Birthday *

MM DD YYYY

03 / 13 / 1960

Grade(s)/Classes Taught or Job Title *

Head of School/HS Principal

Favorite Color *

blue

Favorite Candy *

Turtles

Favorite Scent *

none

Favorite Cookie *

Peanut Butter

Favorite Coffee or Tea *

none

Favorite Drink *

Water

Favorite SONIC Drink *

Water with Cherry

Favorite Restaurant *

Texas Roadhouse

Favorite Snack *

Popcorn

Favorite Gift Cards *

Sonic or Chick fil a

Favorite Hobby *

Golf, Fishing

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.)

none

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