PTO Getting To Know You 2024-2025

Let us know a little about you!

| Email * | |
|---------------------------------|--|
| ddiaz@archristian.org | |
| | |
| First & Last Name * | |
| | |
| Destiny Diaz | |
| | |
| Your Campus Building Location * | |
| | |
| O Elementary | |
| Middle School | |
| O High School | |
| Other: Band Room | |
| | |
| | |
| Your Birthday * | |
| MM DD YYYY | |
| 06 / 30 / 2000 | |
| | |

| Grade(s)/Classes Taught or Job Title * Elementary - HS Music Teacher & Band Director |
|--|
| Favorite Color * Pink |
| Favorite Candy * Reese's Peanut Butter Cups |
| Favorite Scent * Lavender |
| Favorite Cookie * Chocolate Chip |
| Favorite Coffee or Tea * Vanilla Latte |
| Favorite Drink * Coca-Cola |

Favorite SONIC Drink *

Strawberry Limeade

Favorite Restaurant *

Olive Garden

Favorite Snack *

Chester's Flamin' Hot Fries

Favorite Gift Cards *

Target, Starbucks

Favorite Hobby *

Spending time with my family.

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: I only drink non dairy milk. |
| |
| |
| WISH LIST:*Please, list some items for your classroom/workspace. (Things for this list could be items for rewards, decorations, supplies, etc.)*Pocket Chart Hanging Wall File Organizer, Dry Erase Board Markers, Sticky Notes, Pencils* |
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