

PTO Getting To Know You 2024-2025

Let us know a little about you!

First & Last Name *

Karen Garner

Your Campus Building Location *

Elementary

Middle School

High School

Other: _____

Your Birthday *

MM DD YYYY

01 / 03 / 1975

Grade(s)/Classes Taught or Job Title *

2nd grade teacher

Favorite Color *

Green

Favorite Candy *

Kit Kat

Favorite Scent *

Vanilla

Favorite Cookie *

Chocolate chip

Favorite Coffee or Tea *

Reg. Coffee with French Vanilla and any flavored tea

Favorite Drink *

Flavored water - no carbonated drinks

Favorite SONIC Drink *

Flavored water or flavored tea - no carbonated drinks

Favorite Restaurant *

Coltons

Favorite Snack *

Sour cream and chive Pringles

Favorite Gift Cards *

7 Brew

Favorite Hobby *

Making wreaths

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

Candles

Which of the following describes you? Check all that apply. *

Gluten Free

Dairy Free

Sugar Free

Nut Free

No dietary restrictions

Other: No gum, carbonated drinks, sugar free preferred

WISH LIST:

*

Please, list some items for your classroom/workspace. (Things for this list could be items for rewards, decorations, supplies, etc.)

Bulletin board decorations, wall decor

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

Love the beach, outdoors, swimming, camping

This form was created inside of Arkansas Christian Academy.

Google Forms