

# PTO Getting To Know You 2024-2025

Let us know a little about you!

**First & Last Name \***

Kolton Ritter

**Your Campus Building Location \***

☐ Elementary

☐ Middle School

☒ High School

☐ Other: \_\_\_\_\_

**Your Birthday \***

MM DD YYYY

07 / 18 / 2000

**Grade(s)/Classes Taught or Job Title \***

8-9 Algebra 1-2

**Favorite Color \***

Green

**Favorite Candy \***

Twix

**Favorite Scent \***

Bergamot Waters

**Favorite Cookie \***

Chocolate Chip

**Favorite Coffee or Tea \***

Sweet Tea

**Favorite Drink \***

Water

**Favorite SONIC Drink \***

Sprite with Raspberry and Mango

### **Favorite Restaurant \***

Mi Ranchito

### **Favorite Snack \***

Takis

### **Favorite Gift Cards \***

Visa

### **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:**

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

Pens, markers, staples, paper clips, cork board decorations, paper

**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