

PTO Getting To Know You 2024-2025

Let us know a little about you!

First & Last Name *

Kara Wright

Your Campus Building Location *

Elementary

Middle School

High School

Other: _____

Your Birthday *

MM DD YYYY

07 / 18 / 1997

Grade(s)/Classes Taught or Job Title *

High School English and Home Ec

Favorite Color *

Blue

Favorite Candy *

Sour patch kids

Favorite Scent *

Vanilla

Favorite Cookie *

Chocolate chip

Favorite Coffee or Tea *

Iced blonde from 7brew

Favorite Drink *

Diet coke

Favorite SONIC Drink *

Diet coke with vanilla

Favorite Restaurant *

Chuys

Favorite Snack *

Gardettos

Favorite Gift Cards *

Chickfila, Bath and body works

Favorite Hobby *

Reading

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.)

Pencils, pens, loose leaf paper, notebooks etc
.....

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