

PTO Getting To Know You 2024-2025

Let us know a little about you!

First & Last Name *

Lainna Henley

Your Campus Building Location *

Elementary

Middle School

High School

Other: _____

Your Birthday *

MM DD YYYY

10 / 27 / 1983

Grade(s)/Classes Taught or Job Title *

Admin Asst

Favorite Color *

I like them all!

Favorite Candy *

Twizzlers or Reece's pieces

Favorite Scent *

Fruit or fall scents

Favorite Cookie *

Sugar cookies or oatmeal chocolate chip

Favorite Coffee or Tea *

Blueberry green tea or any mocha

Favorite Drink *

Diet Dr Pepper or water with lemon

Favorite SONIC Drink *

Diet Dr Pepper with vanilla

Favorite Restaurant *

Baja Grill or Rock n Roll sushi

Favorite Snack *

Ruffles chips

Favorite Gift Cards *

Amazon!

Favorite Hobby *

Traveling 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:

WISH LIST:

*

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

Colorful pens for office, small individual candy pieces for kids

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