

PTO Getting To Know You 2024-2025

Let us know a little about you!

First & Last Name *

Monica Ray

Your Campus Building Location *

Elementary

Middle School

High School

Other:

Your Birthday *

MM DD YYYY

07 / 19 / 1985

Grade(s)/Classes Taught or Job Title *

4th/5th Grade Math & 5th Grade History

Favorite Color *

Pink, Blue, Red, and Purple

Favorite Candy *

Reese's Cups, Skittles, Twix (no sour candy)

Favorite Scent *

Anything fruity/berry

Favorite Cookie *

Chocolate Chip

Favorite Coffee or Tea *

None

Favorite Drink *

Dr. Pepper

Favorite SONIC Drink *

Dr. Pepper easy ice

Favorite Restaurant *

Freddy's, Olive Garden, Hideaway Pizza, Larry's Pizza

Favorite Snack *

Plain Ruffles, Twinkies, Rice Crispy Treats

Favorite Gift Cards *

Amazon, TJ Maxx, Restaurants

Favorite Hobby *

Hanging out with my family and traveling

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

I can't have dairy and don't like nuts of any kind

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.)

I am always working to fill my treasure box and candy bars for classroom shopping days.
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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