

PTO Getting To Know You 2024-2025

Let us know a little about you!

First & Last Name *

Peyton Girlinghouse

Your Campus Building Location *

Elementary

Middle School

High School

Other: Aid

Your Birthday *

MM DD YYYY

09 / 06 / 1990

Grade(s)/Classes Taught or Job Title *

Teacher's Aid

Favorite Color *

Sage Green

Favorite Candy *

None

Favorite Scent *

Nothing floral

Favorite Cookie *

Oatmeal or Salted Carmel Chocolate Chip

Favorite Coffee or Tea *

Blueberry Tea from HTEO

Favorite Drink *

Dr. Pepper

Favorite SONIC Drink *

Water with fruit and flavor add-ins

Favorite Restaurant *

Steakhouse, Red Robin, Baja Grill, Tropical Smoothie, Blue House Bakery

Favorite Snack *

Something sweet and salty!

Favorite Gift Cards *

Sports Academy, TJ Maxx, Amazon

Favorite Hobby *

Spending time with my children outdoors

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

None

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.)

None

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