

PTO Getting To Know You 2025-2026

Let us know a little about you!

Email *

pirmen@archristian.org

First & Last Name *

Pam Irmen

Your Campus Building Location *

Elementary

Middle School

High School

Other: _____

Your Birthday *

MM DD YYYY

09 / 06 / 1979

Grade(s)/Classes Taught or Job Title *

4th/5th science

4th history

middle school PE

Favorite Color *

Turquoise AND pink

Favorite Candy *

Peanut m &m's

Favorite Scent *

Gardinia and honeysuckle

Favorite Cookie *

Warm chocolate chip

Favorite Coffee or Tea *

1/2 caff americano

Favorite Drink *

Coffee

Favorite SONIC Drink *

Sugar free cherry soda water-extra cherry

Favorite Restaurant *

La hacienda

Favorite Snack *

Protein bars

Favorite Gift Cards *

Amazon

Favorite Hobby *

Exercising 🏃

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.)

Items for rewards _____

Is there anything else that you would like us to know about you?

This form was created inside of Arkansas Christian Academy.

Google Forms