

PTO Getting To Know You 2025-2026

Let us know a little about you!

Email *

psmith@archristian.org

First & Last Name *

Paige Smith

Your Campus Building Location *

Elementary

Middle School

High School

Other: _____

Your Birthday *

MM DD YYYY

12 / 26 / 1993

Grade(s)/Classes Taught or Job Title *

Teacher aide

Favorite Color *

Lime green

Favorite Candy *

Peanut m&m

Favorite Scent *

Sandalwood

Favorite Cookie *

Oatmeal raisin

Favorite Coffee or Tea *

Iced white chocolate mocha

Favorite Drink *

Iced white chocolate mocha

Favorite SONIC Drink *

Sweet tea

Favorite Restaurant *

Chicken salad chic

Favorite Snack *

Fresh fruit

Favorite Gift Cards *

Hobby lobby, target,

Favorite Hobby *

Gardening

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

N/A

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.)

N/A

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

N/A

This form was created inside of Arkansas Christian Academy.

Google Forms