

PTO Getting To Know You 2025-2026

Let us know a little about you!

Email *

pthornton@archristian.org

First & Last Name *

Paula Thornton

Your Campus Building Location *

Elementary

Middle School

High School

Other: _____

Your Birthday *

MM DD YYYY

09 / 09 / 1972

Grade(s)/Classes Taught or Job Title *

SKILS Director

Favorite Color *

Yellow

Favorite Candy *

Sugar free Reese's

Favorite Scent *

Summertime or clean

Favorite Cookie *

Sugar and gluten free

Favorite Coffee or Tea *

Unsweetened tea

Favorite Drink *

SF, fruity flavors

Favorite SONIC Drink *

Lemon berry water

Favorite Restaurant *

Texas Roadhouse

Favorite Snack *

Fruit, peanut butter, nuts,

Favorite Gift Cards *

Hobby Lobby, TJ Maxx,

Favorite Hobby *

Spending time with family and friends at the lake

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

Water bottles/cups

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.)

Stickers, decorative pencils, erasers,

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

This form was created inside of Arkansas Christian Academy.

Google Forms