

PTO Getting To Know You 2025-2026

Let us know a little about you!

Email *

qjackson@archchristian.org

First & Last Name *

Quinton Jackson

Your Campus Building Location *

Elementary

Middle School

High School

Other: _____

Your Birthday *

MM DD YYYY

11 / 07 / 1999

Grade(s)/Classes Taught or Job Title *

10- 12 Math Teacher and Volleyball Coach

Favorite Color *

Red or Blue

Favorite Candy *

Reese's or Skittles

Favorite Scent *

Coffee

Favorite Cookie *

Chocolate chip

Favorite Coffee or Tea *

White Chocolate mocha

Favorite Drink *

Sprite

Favorite SONIC Drink *

Ocean water

Favorite Restaurant *

Moes

Favorite Snack *

Brookie

Favorite Gift Cards *

Amazon

Favorite Hobby *

Music

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

NA

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.)

Any reward a highschool student would like

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

3rd year here and I love it

This form was created inside of Arkansas Christian Academy.

Google Forms