

PTO Getting To Know You 2024-2025

Let us know a little about you!

First & Last Name *

Rylee bonnette

Your Campus Building Location *

Elementary

Middle School

High School

Other: _____

Your Birthday *

MM DD YYYY

07 / 09 / 2005

Grade(s)/Classes Taught or Job Title *

Kindergarten/ teacher aid

Favorite Color *

Pastel Blue or Yellow

Favorite Candy *

Sweeter Ropes

Favorite Scent *

Vanilla

Favorite Cookie *

Sugar cookie

Favorite Coffee or Tea *

Pink drink from Starbucks

Favorite Drink *

Dr.pepper

Favorite SONIC Drink *

Ocean water with vanilla

Favorite Restaurant *

Chick fil a

Favorite Snack *

Goldfish

Favorite Gift Cards *

Target

Favorite Hobby *

Reading books, doing puzzles

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.)

.....

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