

PTO Getting To Know You 2024-2025

Let us know a little about you!

First & Last Name *

Reed Paddy

Your Campus Building Location *

Elementary

Middle School

High School

Other:

Your Birthday *

MM DD YYYY

04 / 16 / 2001

Grade(s)/Classes Taught or Job Title *

Basketball Coach

Favorite Color *

Black

Favorite Candy *

Mike and Ike

Favorite Scent *

Campfire

Favorite Cookie *

Chocolate chip

Favorite Coffee or Tea *

Mocha

Favorite Drink *

Water

Favorite SONIC Drink *

Vanilla Coke

Favorite Restaurant *

Camp Taco

Favorite Snack *

Nacho Doritos

Favorite Gift Cards *

Starbucks or Visas

Favorite Hobby *

Basketball

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

Allergic to penicillin

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.)

Regular classroom supplies

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