

# PTO Getting To Know You 2024-2025

Let us know a little about you!

## First & Last Name \*

Shamon Bell

## Your Campus Building Location \*

Elementary

Middle School

High School

Other: \_\_\_\_\_

## Your Birthday \*

MM DD YYYY

07 / 23 / 1986

## Grade(s)/Classes Taught or Job Title \*

HS History/Football Coach/Girls Basketball Coach

**Favorite Color \***

Red

**Favorite Candy \***

Snickers

**Favorite Scent \***

None

**Favorite Cookie \***

Chocolate chip

**Favorite Coffee or Tea \***

Sweet tea

**Favorite Drink \***

C4

**Favorite SONIC Drink \***

Vanilla Dr Pepper

**Favorite Restaurant \***

Tacos 4 Life

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**Favorite Snack \***

Honey buns

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**Favorite Gift Cards \***

Nike, Amazon

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**Favorite Hobby \***

Coaching

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

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**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.)**

Pens, dry erase markers  
.....

**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