

PTO Getting To Know You 2025-2026

Let us know a little about you!

Email *

sbell@archristian.org

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 *

High School History, Asst. football coach, head girls basketball coach

Favorite Color *

Red

Favorite Candy *

Snickers

Favorite Scent *

Na

Favorite Cookie *

Chocolate chip

Favorite Coffee or Tea *

Sweet Tea

Favorite Drink *

Sprite

Favorite SONIC Drink *

Cherry Sprite

Favorite Restaurant *

Texas Roadhouse

Favorite Snack *

Snickers

Favorite Gift Cards *

Nike, Amazon

Favorite Hobby *

Coaching

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.)

NA

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