

PTO Getting To Know You 2024-2025

Let us know a little about you!

First & Last Name *

Tina Goddard

Your Campus Building Location *

Elementary

Middle School

High School

Other:

Your Birthday *

MM DD YYYY

05 / 31 / 1973

Grade(s)/Classes Taught or Job Title *

Principal

Favorite Color *

Blues and purple

Favorite Candy *

Gum, Hot Tamales, Pink Starburst

Favorite Scent *

Clean scents, no flower smells.

Favorite Cookie *

chocolate chip or sugar

Favorite Coffee or Tea *

No thank you

Favorite Drink *

water

Favorite SONIC Drink *

Strawberry lemonade

Favorite Restaurant *

Chuy's or Texas Roadhouse

Favorite Snack *

Mixed Nutes, Chex Mix (nothing with raisins)

Favorite Gift Cards *

Just about anywhere

Favorite Hobby *

Spending time with family

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

coffee cups

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.)

Treasure box items

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