



Name: _____ Grade/Position: _____

Birthday (year not required): _____

Your Favorites:

College or sports team: _____ Color: _____

Salty Snack: _____ Healthy Snack: _____

Candy or Candy Bar: _____ Gum Type/Flavor: _____

Cookie: _____ Dessert: _____

Cold Drink: _____ Hot Drink: _____

Restaurant: _____

Fast Food: _____

Ice Cream Shop & Flavor: _____

Coffee Shop: _____ Bookstore: _____

Teacher Supply Store (or where you get your supplies from): _____

Flower, Plants, Collectibles: _____

Nail Salon: _____

Hobby: _____

Scripture: _____

If you were to receive a gift card in one of the amounts below, which store or business would you hope it was from?

\$5: _____

\$20: _____

\$100: _____

Do you have any dietary restrictions? _____

Classroom Wish Items: _____

Personal Wish Items: _____

What can your classroom parents do to help you the most? _____

