



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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_