All About Me

Name: Position:

Email:

My Favorite. . .	A Little About Me. . .
Breakfast:	Birthday (Month/Date):
Hot Drink:	Hobbies:
Cold Drink:	How I Relax:
Snack(s):	Sports Team:
Carry-Out Lunch Order:	Home State/Country:
Restaurant(s):	Allergies:
Store(s):	Dietary Restrictions:
Gift Card(s):	Please No More:
Any other favorites:	Anything Else:

Click the below link to view my Classroom Wishlist:

Add the link to your Wishlist Here

What are your top classroom supplies wishes?

What can parents/guardians do to help you the most?