

getting to know you

Hello new teacher! We are so excited to meet you and get to know you! When you get a moment, please fill this out and return it. Thank you! From, _____

Full Name: _____

Birthday: _____

Allergies/Dietary Restrictions: _____

your favorite things

Color: _____ Gum Flavor: _____

Teacher Supplies: _____

Sweet Snack: _____ Crunchy Snack: _____

Soda or Drink: _____ Baked Goods: _____

Fast Food Restaurant: _____

Sit-Down Restaurant: _____

Starbucks Order: _____

Places to Shop: _____

Nail Salon (if applicable): _____

Hobbies: _____ Sports Team: _____

Movies? Yes or No

Jewelry? Yes or No

Candles? Yes or No

Lotions? Yes or No

Scents: _____

Coffee? Yes or No If yes, Iced or Hot

Top Wish List Items: _____

Anything you'd prefer not to receive or already have enough of? _____

