

# ALL ABOUT YOU

Dear Mrs. \_\_\_\_\_,  
We are so happy to be in your class this year! We would like to know a little bit about you! Please fill out this questionnaire and send it home with \_\_\_\_\_.

YOUR NAME: JENNIFER GLASS

BIRTHDAY MONTH: OCTOBER

DAY :10TH

FAVORITE RESTAURANTS: ANY TACO PLACE

FAVORITE PLACES TO SHOP: AMAZON

SNACK: ANYTHING!

CANDY: DARK CHOCOLATE

COOKIE: OATMEAL

CAKE: CARROT CAKE

DRINK: LA CROIX OR ANY BUBBLY WATER

COFFEE/TEA: LATTE

ALLERGIES/DISLIKES: NONE

FAVORITE COLOR: BLUE

FAVORITE SCENT: TROPICAL?

FAVORITE SPORT:

SPORTS TEAM: SEMINOLES/DOLPHINS

HOBBIES/COLLECTIBLES: PADDLEBOARDING

CLASSROOM WISH LIST: AMAZON WISH LIST

