



these are a few of my
FAVORiTE THiNGS

Name: _____ Grade/Position: _____

Birthday (month/day): _____ T-Shirt Size (optional): _____

College/Sport Team(s): _____

Color: _____ Coffee/Tea: _____

Salty Snack: _____ Fruit: _____

Candy: _____ Gum Flavor: _____

Soda/Drink: _____ Sonic Drink: _____

Cookie: _____ Hobbies: _____

Dessert: _____ Allergies/Dietary Restrictions:

Flower: _____

If you received a gift card, where would you shop/eat?

Your top classroom supply wishes/needs: _____

Is there anything you would prefer not to receive/already have enough of?

Please email completed form to: prefamilies@gmail.com