

Name:

STAVUKI.I LZO,	
THINGS THINGS	Position: My birthday is (month/day):
)rink:	Color:
Snack:	Flower:
Fruit:	Hobbies:
Restaurant:Store:	
Teacher Supply Store: School Supply Wishes:	
Other Noteworthy Favorites:	Q
Any Allergies:	

Please return this via email to glovermelinda@gmail.com or to the PTA mailbox for the Room Parent Coordinator.

Teacher Favorites

