## All About Me!

Full Name:		Preferred Nickname?	
Age:	Birthday:		
Email Address:			
Class Schedule:			
Period 0:		<u> </u>	
<b>Period 1:</b>		_	
<b>Period 2:</b>		_	
<b>Period 3:</b>		_	
<b>Period 4:</b>		_	
<b>Period 6:</b>		_	
Period 8:		_	
Extra-Curricular Activiti	ies:		
Favorite Hobbies/Interest	<u>ts:</u>		
Favorites:			
Subject:		Sport or Team:	
Food:		Candy:	
Music/Singing Group:			
Book:		Vacation Spot:	
Memory of Summer:		TV Show:	

I am hoping to learn	in this class.
If I could ask my teacher one question about this class, it would be	
If I could ask my teacher one question about herself [or JSA, it would be	
If I could decide one rule for this classroom that everyone would have to follow	w, it would be

<sup>\*\*</sup>After entire form has been filled out, please return to Des. \*\*