



Favorite Things



Starside PTA

Please complete this form with as much information as you feel comfortable sharing. This form will be made available on our Starside PTA website for access by parents/caregivers. When completed, please return to the PTA mailbox in the staff workroom. Thank you!

Name: Barbara Lawson

Student Nutrition Manager
Grade/Position: _____

Birthday: (month/day) 01-10

Shirt size: Med.

Monogram: (or name reference for monogrammed items) _____

What is your favorite...

Sports Team (College and/or Professional): KC Chiefs Color: All

Salty Snack: Cheez-its (Bob checker) Grooves only Fruit: _____ Gum flavor: 5 - Peppermint Cobalt

Soft Drink: Dr. Pepper Sonic drink: Cherry Limeade Coffee shop drink: ☺

Cookie: Peanut butter, Choc. Chip Cake: White Dessert: Brownies, Cake, Cookies

Flower: All Scent: Fall Hobby: Lake

Take out restaurant: _____ Sit down restaurant: Texas Roadhouse

Ice Cream Flavor: Peanut butter Bookstore: _____

If you could choose a gift card for the amounts below, where would you want to spend it?

\$5: Harps \$10: ()

\$15: Walmart, Amazon \$20: ()

\$25: () \$50: ()

Do you have any dietary restrictions? NO

Where do you like to shop most for classroom supplies/décor? Hobby Lobby, Dollar Tree

Your top classroom supply wishes: _____

What can classroom parents/caregivers do to help you most? _____