

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: Brendy Davie	Grade/Position: EU teache
Birthday: (month/day) $\frac{\sqrt{07/01}}{}$	Shirt size:
Monogram: (or name reference for monogramed items) \mathbb{BLD}	
What is your favorite	,
Sports Team (College and/or Professional): K-State	color: Yellow
salty Snack: Pistachios/Almondsruit:	_Gum flavor: _Min+
Soft Drink: Diet COKE Sonic drink: Slush	
cookie: Chocolate Chip cake: Cheese cake	Dessert: <u>LOOKies</u> ,
Flower: Daisies scent: La verder	Hobby: Reading
Take out restaurant: Chipotle Sit down rest	aurant: <u>Red Door</u>
Ice Cream Flavor: Bookstore:	Amazon.
If you could choose a gift card for the amounts below, where would you want to spend it? \$5:	
\$15:\$20:	
\$25:\$50:	
Do you have any dietary restrictions?	
Where do you like to shop most for classroom supplies/décor? Amazon	
Your top classroom supply wishes: Kleenex, Clorox Wipes	
What can classroom parents/caregivers do to help you most?	