



GRADE

YEAR

# FIRST DAY OF SCHOOL

TEACHER:

SCHOOL:

CLASSROOM #:

## ☆ ABOUT ME ☆

WHAT DO YOU WANT TO BE WHEN YOU GROW UP?

WHO IS YOUR BEST FRIEND?

WHAT IS YOUR FAVORITE SUMMER MEMORY?

WHAT IS SOMETHING YOU DON'T LIKE?

WHAT IS YOUR FAVORITE THING ABOUT YOURSELF?

WHAT ARE YOU EXCITED TO LEARN AT SCHOOL?

WHAT ARE YOU REALLY GOOD AT?

WHAT MAKES YOU HAPPY?

SIGN YOUR NAME BELOW:

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## ☆ FAVORITES ☆

COLOR:

FOOD:

BOOK:

TOY:

GAME:

HOLIDAY:

ANIMAL:

MOVIE/SHOW:

PLACE:

THING TO DO: