

All About Me

LAST DAY OF SCHOOL

NAME: _____

AGE: _____

GRADE: _____

TEACHER: _____

SCHOOL: _____

HEIGHT: _____

WEIGHT: _____

SHOE SIZE: _____

WHEN I GROW UP I WANT TO:

MY FAVORITES:

COLOR: _____

FOOD: _____

ACTIVITY: _____

BOOK: _____

SUBJECT: _____

TV SHOW: _____

MOVIE: _____

MEMORY FROM THIS YEAR: _____

FRIENDS TO PLAY WITH: _____

THING I LEARNED THIS YEAR: _____

LOOKING FORWARD TO MOST NEXT YEAR:
