



Back2School

Name: _____ School Year: _____

1st Day of School (date): _____ Grade: _____

School: _____ Teacher(s): _____

Age: _____ Height: _____ Weight: _____

Your friends: _____

What you want to be when you grow up: _____

Favorite Food: _____ Favorite TV Show: _____

Favorite Book: _____ Favorite Movie: _____

Favorite Game: _____

Favorite Sport: _____

Favorite Ice Cream: _____

Place Photo Here

Favorite place to visit: _____

Your Hero: _____

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