

STAFF QUESTIONNAIRE



Name: _____ Salty snack preference: _____
 Address: _____ Sweet snack preference: _____
 Parents' name(s): _____ Favorite kind of bagel: _____
 Parents' phone(s): _____ Favorite juice: _____
 Phone #: _____ Favorite soda (specify diet or regular): _____
 Cell phone #: _____ Favorite pizza: _____
 E-mail address: _____ Favorite candy: _____
 Birthday: _____

List the school activities you are involved in and when each activity meets:

Activity	Summer hours	School year meeting times

List out-of-school activities, commitments and/or jobs that you have.

Activity/Job/Commitment	Days of the week and hours

Do you have a driver's license? _____ Do you have access to a car? _____

School Schedule

Class	Teacher	Room No.
1st		
2nd		
3rd		
4th		
5th		
6th		
7th		
8th		
9th		

On the back, list the names of your friends and the activities in which they participate.



Friends	Activities
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	