

Dear Teacher, we love getting to know you! Please kindly fill out the following survey and return it back to me. Thank you!

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NAME: <u>Jeanne Lyons</u> (LASS: <u>Musica Movement</u>

BIRTHDAY: June 15

MONOGRAM: _____

Allengies Dislikes (EX. ALLERGIC TO PEANUTS OR NO COFFEE MUGS)

No Thermal/Water Bottle:

Favorites

(OLOR: Blue/green

HOT DRINK: Decaf Oatmilk
Latte

COLD DRINK: Decat Ice Coffee

FLOWER/PLANT: Carnation

PLACES TO SHOP: Whole Foods

RESTAURANT: Jerusalem Bakery & Grill

STARBUCKS/DUNKIN': Starbucks

GIFT CARD: Amazon

SWEET TREAT: Cookies & Creames

SALTY TREAT: Pop Corners

BEER/WINE: <u>none please</u>

ACTIVITY AT SCHOOL:

Farm Animal Days

TO DO ON OFF DAYS:

Bake