

ORE FACULTY / STAFF FAVORITES

Please complete this form so our PTO and parents can know a little about your favorite things in life!

Name: Becky Singuefield Initials: BS
Birthday: 5-13 Anniversary: 3-20-99
Allergies: none

YOUR FAVORITES

Teacher Supplies:

Color(s): Red

Candle or Scentsy

Scent: Vanilla

Lotion:

Vanilla

Sweet Treat: chocolate

Candy: Life Savers

Salty Snack: popcorn

Fast Food: Chick-fil-A

Cold Drink: Or Pepper / tea

Hot / Warm Drink: Coffee
tea sweet

Casual Dining: Chuy's

Formal Dining: Perr's

Hobbies: sewing

Magazine: None

Book Genre: none

Author: none

Music, Music Group/
Artist: Contemporary Christian

Sports Team(s): Astros

Way to relax: Watch TV

Flower: Lilly

Fragrance: Vanilla

Store(s): HEB

PREFERENCES:

Donuts or bagels:

none

Coffee or Tea:
(iced or hot?)

either

Thank you, but I do
not need any more:

Wish List for the
Classroom (or
yourself.)

Self