



Name _____ Grade _____

Teacher _____ School _____

PLACE
PHOTO
HERE

First Day of School

Date: _____ Age _____

Height/Weight:

Favorite Food:

Favorite Subject:

Favorite Color:

Favorite Song:

I love to:

When I grow up, I want to be a:

PLACE
PHOTO
HERE

Last Day of School

Date: _____ Age _____

Height/Weight:

Favorite Food:

Favorite Subject:

Favorite Color:

Favorite Song:

I love to:

When I grow up, I want to be a: