



## Student Questionnaire

Name/Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

What is your FAVORITE?

Subject in school and why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Color: \_\_\_\_\_ Season: \_\_\_\_\_ Sport: \_\_\_\_\_

Holiday: \_\_\_\_\_ TV show: \_\_\_\_\_

Movie: \_\_\_\_\_

Book: \_\_\_\_\_

Time of Day: \_\_\_\_\_ Animal: \_\_\_\_\_

Hobby: \_\_\_\_\_

What is you LEAST FAVORITE?

Subject in school and why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Activity and why: \_\_\_\_\_

Holiday: \_\_\_\_\_ Season: \_\_\_\_\_

Time of day: \_\_\_\_\_