

Student of the Week

Name: _____

Age: _____

Class: _____

Parent's or Gardian's Name: _____

Favorites

School subject: _____

Extracurricular activity: _____

Hobbies: _____

Car: _____

Store: _____

Musical Artist: _____

Movie: _____

TV show: _____

Fast Facts

Cafeteria food must-have: _____

Last book read that wasn't required: _____

Pet peeve: _____

Person most admired: _____

Person I'd like to meet: _____

First job: _____

Top accomplishment: _____

Future

After-graduation plans: _____

Career goal: _____

Guidance Councelor Name: _____