

School Memories

KINDERGARTEN

School: _____

School Year: _____

Teacher: _____

Age: _____ Ht: _____ Wt: _____

My Signature: _____



MY FAVORITES

Subject: _____

Book: _____

Movie: _____

TV Show: _____

Song: _____

Game: _____

Activity: _____

Friends: _____

THINGS TO REMEMBER

Awards: _____

Special Events: _____

Interests: _____

Teacher Comments: _____

What I want to be when I grow up: _____