



Last Day of School

THIS IS ME

MY NAME: _____

MY NICKNAME: _____

I AM _____ YEARS OLD.

5 WORDS THAT DESCRIBE ME:

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-
-
-
-

YEAR: _____

GRADE: _____

SCHOOL: _____

TEACHER: _____

WHEN I GROW UP, I WANT TO BE:

MY SIGNATURE



Last Day of School

MY FAVORITE:

SUBJECT _____

BOOK _____

HOBBY _____

FOOD _____

ACTIVITY _____

SPORT _____

HOLIDAY _____

COLOR _____

MY BEST FRIENDS:

MY FAVORITE THING TO DO WITH MY FRIENDS:

THINGS I WANT TO REMEMBER:

THINGS I LEARNED: