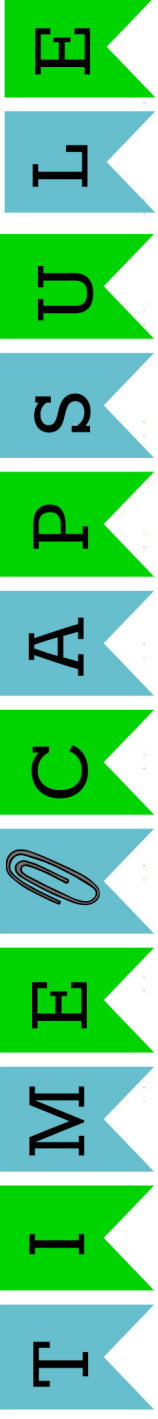
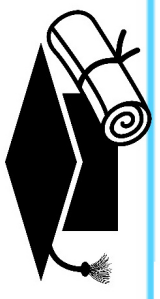


Last Day of School Memories



Name:

Date:

Age:

Grade:

Teacher:

Best Friend(s):

Favorite Subject:

Favorite Food:

Favorite Book:

Favorite TV Show:

What I want to be when I grow up:

My Self Portrait