

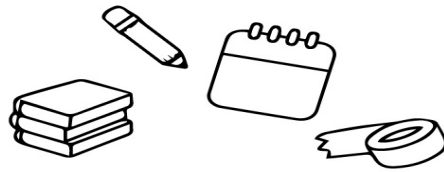
FIRST DAY *of* SCHOOL ACTIVITIES

Name: _____

Date: _____

Fill the blanks.

Hello!



My name is _____ . I am _____ years old.

Today is my first day of _____

My teacher's name is _____ My best friend is _____



My favorite thing about school is _____

I am most excited about _____

When I grow up I want to be _____



My favorite foods are



My favorite books are



My favorite songs are
