

Name : _____ Date : _____

MY FIRST DAY OF SCHOOL

- 1.) My age : _____
- 2.) My grade : _____
- 3.) My teacher : _____
- 4.) My favorite color : _____
- 5.) My favorite food : _____
- 6.) My favorite hobby : _____
- 7.) This School Year : _____
- 8.) One thing I am excited about : _____
- 9.) One thing I want to learn : _____
- 10.) One goal for this year : _____

Draw a picture of yourself on your first day of school.