

# It's All About Me

**This is me!**

**My name is**

Date of birth: \_\_\_\_\_ Student ID: \_\_\_\_\_

**My mother's name is**

Contact Number	Email

**My father's name is**

Contact Number	Email

**Emergency Contact Person**

Contact Number	
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People who live with me are

My favourite food

My favourite toys

My favourite book is ...

When I am at home, I love to ...

I am proud of ...

When I grow up, I would like to be ...

I am happy when ...

I am great at ...

<input type="checkbox"/> Potty trained
<input type="checkbox"/> Potty training in progress
<input type="checkbox"/> Using Diaper

Parent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_