



Star Student Questionnaire

Name _____

Date of Birth _____

Place of Birth _____

Name of Parents/Guardians _____

Do you have any brothers or sisters? _____

If yes, list names and ages. _____

Favorite Toy _____

Favorite Books _____

Favorite Author _____

Favorite Movie _____

Favorite Subject in School _____

Favorite Season of the Year _____

Favorite Flavor of Ice Cream _____

Favorite Food _____

Favorite Color _____

Favorite Place to Visit _____

Do you have any pets? _____

If yes, what are they, and what are their names? _____

Do you have any hobbies? _____

What are they? _____

What do you like to do after school? _____

What are your special talents? _____

If you have visited any special landmarks or places, write about

them. _____
