



Star Student Biography Form #2

Child's Name: _____

Please fill out the questions listed below in the space provided.

What is your special talent? _____

What time do you go to bed? _____

What is your favorite movie? _____

What would you like to be when you get older? _____

What is your favorite vacation spot? _____

What is your favorite toy? _____

What book do you read before bed? _____

What are your plans for this summer? _____

