About Me Test

Name _____
(First) (Middle) (Last)

Address_____
(Street) (Apt. number if any)

City _____ State _____ Zip Code_____

Phone number (_____) _____-_____

Birthday _____ , _____
(Month) (Day) (Year)

If you miss any of the above, please learn them at home.

Dear Parent,

__ Please help me memorize the above information about myself!

__Thank you for teaching me the above information about myself!

Love, Me!