

LIFE BOOK PAGES


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Notice to Provider, Adoption Decree, Birth Certificates, Social Security Cards,
Medical Cards, Timeline of Child's Life (Past Placements, Important Events,
Religious Documents, etc.)



MY LIFE STORY

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LIFE BOOK PAGES

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MY LIFE STORY

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FOSTER CARE LIFE BOOK

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CHILD IDENTIFICATION FORM

© Journeys and Dreams

ATTACH A PHOTO HERE

DATE OF PHOTO: _____

Date Formed Filled Out: _____

Full Name: _____

Nickname: _____

☐ Male ☐ Female ☐ Glasses ☐ Braces

Birth Date: _____ Blood Type: _____

Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Identifying Marks (birthmarks, scars, etc.): _____

LEFT LITTLE

LEFT RING

LEFT MIDDLE

LEFT INDEX

LEFT THUMB

RIGHT THUMB

RIGHT INDEX

RIGHT MIDDLE

RIGHT RING

RIGHT LITTLE

Allergies: _____

Medical Conditions: _____

Medications: _____

YOUR FIRST DAY HERE

Your Social Workers (while you were here)

Name: _____

Name: _____

Name: _____

Social Service Agency

Name: _____

Phone: _____

Address: _____

Date: _____ Time: _____

Time(s) in Foster Care: _____

Our Family: _____

Your Family: _____

You came here because: _____

You weighed _____ You were _____ tall

Notes

ATTACH A PHOTO HERE

Age: _____ Grade: _____ Date: _____



FOSTER PARENTS

Thoughts and Memories

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Name: _____ Date of Birth: _____

The day you arrived, we _____

One thing we will never forget is _____

Something funny you said/did while you were here _____

What sometimes made you sad or angry was _____

What usually made you smile or laugh was _____

The most difficult time was _____

We felt most proud of you when _____

The most special thing about you is _____

We hope you continue to _____

[illegible]



FOSTER PARENTS

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ATTACH A PHOTO HERE

Special Holidays for Our Family: _____

Some of our Family Traditions: _____

My First Family Celebration: _____

Friends and Family who were there: _____



FOSTER PARENTS

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Foster Mother

Name: _____

Race/Ethnicity: _____

Hair Color: _____ Eye Color: _____

What I remember about my foster mom: _____

Our favorite things to do together: _____

Memories we share: _____

Something important she taught me: _____

What she wants me to remember: _____

ATTACH A PHOTO HERE



FOSTER PARENTS

© Journeys and Dreams

Foster Father

Name: _____

Race/Ethnicity: _____

Hair Color: _____ Eye Color: _____

What I remember about my foster dad: _____

Our favorite things to do together: _____

Memories we share: _____

Something important he taught me: _____

What he wants me to remember: _____

ATTACH A PHOTO HERE



MY FOSTER FAMILY

My Foster Siblings

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ATTACH A PHOTO HERE

Name: _____ Brother/Sister Name: _____ Brother/Sister

Name: _____ Brother/Sister Name: _____ Brother/Sister

Name: _____ Brother/Sister Name: _____ Brother/Sister

Name: _____ Brother/Sister Name: _____ Brother/Sister

What I remember about my foster siblings: _____

Our favorite things to do together: _____

Memories we share together: _____

Other things I want to remember: _____

MY FOSTER FAMILY

My Extended Foster Family

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ATTACH A PHOTO HERE

[illegible]

You are my
SUNSHINE

MY ADOPTIVE FAMILY

ATTACH A PHOTO HERE



You are my SUNSHINE

MY ADOPTIVE FAMILY

Special Holidays for Our Family: _____

Some of our Family Traditions: _____

My First Family Celebration: _____

Friends and Family who were there: _____

ATTACH A PHOTO HERE



You are my SUNSHINE

MY ADOPTIVE FAMILY

Name: _____

Date of Birth: _____

Place of Birth: _____

Hair Color: _____ Eye Color: _____

Blood Type: _____

Mother's Maiden Name: _____

Father's Name: _____

Adoptive Mother

Race: _____

Ethnicity: _____

Family Origin: _____

Tribal Affiliation: _____

Clan Name: _____

ATTACH A PHOTO HERE

My mom's first thoughts about me: _____

My mom's memories of my first days home: _____



You are my SUNSHINE

MY ADOPTIVE FAMILY

Adoptive Father

ATTACH A PHOTO HERE

Name: _____

Date of Birth: _____

Place of Birth: _____

Hair Color: _____ Eye Color: _____

Blood Type: _____

Mother's Maiden Name: _____

Father's Name: _____

Race: _____

Ethnicity: _____

Family Origin: _____

Tribal Affiliation: _____

Clan Name: _____

My dad's first thoughts about me: _____

My dad's memories of my first days home: _____



You are my SUNSHINE

MY ADOPTIVE FAMILY
My Adoptive Siblings

ATTACH A PHOTO HERE

Name: _____ Brother/Sister Name: _____ Brother/Sister

Name: _____ Brother/Sister Name: _____ Brother/Sister

Our first days together: _____

What I first thought about them: _____

What they first thought about me: _____

Our first fun day together: _____



You are my SUNSHINE

MY ADOPTIVE FAMILY
My Extended Adoptive Family

ATTACH A PHOTO HERE

Notes: _____

OUR FAMILY

My Name: _____

Why You Chose My Name: _____

Origin and Meaning of Family Last Name: _____

BROTHERS

SISTERS

PARENTS

UNCLES AND AUNTS

UNCLES AND AUNTS

GRANDPARENTS

GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

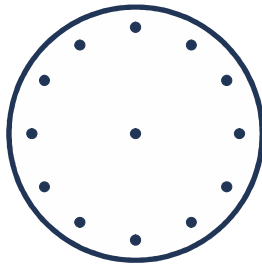
ADOPTION DAY

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CALENDAR DATE:

TIME OF DAY:

WEATHER:



:
AM / PM

MY NEW NAME:

THE JUDGE + LEGAL TEAM:

FAMILY + FRIENDS WHO CAME:



ADOPTION DAY

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ATTACH PHOTOS HERE

PICTURES OF ME



ADOPTION DAY

© Journeys and Dreams

ATTACH PHOTOS HERE

PICTURES OF FAMILY AND FRIENDS

BIRTH CERTIFICATE

ATTACH BIRTH CERTIFICATE HERE
BEST IF PUT IN A SHEET PROTECTOR

Handprints

Date: _____

Footprints

Date: _____

You are my
SUNSHINE

My only
SUNSHINE

You make me
HAPPY
When skies are gray

You'll never know
DEAR

How much
I LOVE YOU

© Journeys and Dreams

MY BIRTH FAMILY

Birth Mother

Name: _____

Date of Birth: _____

Place of Birth: _____

Blood Type: _____

Mother's Maiden Name: _____

Father's Name: _____

Race: _____

Ethnicity: _____

Family Origin: _____

Tribal Affiliation: _____

Clan Name: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

What I remember about my mom: _____

ATTACH A PHOTO HERE

FAMILY HISTORY:

☐ Alcohol or Drug Abuse

☐ Anxiety, Depression,
Psychiatric Illness

☐ Anesthesia Complications

☐ Cancer

☐ Diabetes

☐ Genetic Disorder

☐ Heart Disease

☐ High Blood Pressure

☐ High Cholesterol

☐ Liver Disease

☐ STD/HIV/AIDS

☐ Stroke/TIA

☐ Tuberculosis

Other/Notes: _____

OUR FAMILY

My Name: _____

Why You Chose My Name: _____

Origin and Meaning of Family Last Name: _____

BROTHERS

SISTERS

PARENTS

UNCLES AND AUNTS

UNCLES AND AUNTS

GRANDPARENTS

GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

A decorative border of colorful triangles (dark blue, teal, and yellow) surrounds the central text and writing area.

OUR FAMILY

Family Name: _____

Family Heritage and Ethnicity: _____

Family Religious Beliefs: _____

Family Traditions: _____

Family Holidays and Celebrations: _____

Family Recipes: _____

You are my
SUNSHINE

My only
SUNSHINE

You make me
HAPPY
When skies are gray

You'll never know
DEAR

How much
I LOVE YOU

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MY BIRTH FAMILY

Birth Father

Name: _____

Date of Birth: _____

Place of Birth: _____

Blood Type: _____

Mother's Maiden Name: _____

Father's name: _____

Race: _____

Ethnicity: _____

Family Origin: _____

Tribal Affiliation: _____

Clan Name: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

What I remember about my dad: _____

ATTACH A PHOTO HERE

FAMILY HISTORY:

- ☐ Alcohol or Drug Abuse
- ☐ Anxiety, Depression, Psychiatric Illness
- ☐ Anesthesia Complications
- ☐ Cancer
- ☐ Diabetes

- ☐ Genetic Disorder
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Liver Disease

- ☐ STD/HIV/AIDS
- ☐ Stroke/TIA
- ☐ Tuberculosis

Other/Notes: _____

OUR FAMILY

My Name: _____

Why You Chose My Name: _____

Origin and Meaning of Family Last Name: _____

BROTHERS

SISTERS

PARENTS

UNCLES AND AUNTS

UNCLES AND AUNTS

GRANDPARENTS

GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

GREAT-GRANDPARENTS

A decorative border of colorful triangles (dark blue, teal, and yellow) surrounds the central text and writing area.

OUR FAMILY

Family Name: _____

Family Heritage and Ethnicity: _____

Family Religious Beliefs: _____

Family Traditions: _____

Family Holidays and Celebrations: _____

Family Recipes: _____

You are my
SUNSHINE

My only
SUNSHINE

You make me
HAPPY
When skies are gray

You'll never know
DEAR

How much
I LOVE YOU

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MY BIRTH FAMILY

My Siblings

ATTACH A PHOTO HERE

What I remember about my siblings: _____

Name: _____

Male / Female Brother / Sister Full / Half / Step

Date of Birth: _____

Place of Birth: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

Name: _____

Male / Female Brother / Sister Full / Half / Step

Date of Birth: _____

Place of Birth: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

Name: _____

Male / Female Brother / Sister Full / Half / Step

Date of Birth: _____

Place of Birth: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

Name: _____

Male / Female Brother / Sister Full / Half / Step

Date of Birth: _____

Place of Birth: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

You make me
HAPPY
When skies are gray

© Journeys and Dreams

MY BIRTH FAMILY

My Extended Birth Family

ATTACH A PHOTO HERE

[illegible]

BABY MEMORIES

ATTACH THE EARLIEST BABY PHOTO HERE

THE STATS

Name:

Hair Color:

City, State:

Eye Color:

Doctor:

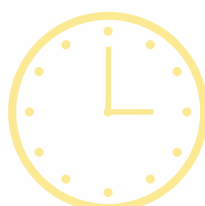
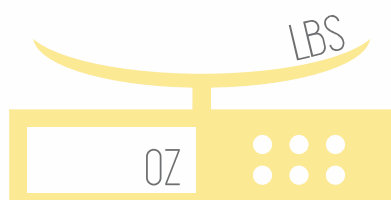
Skin Color:

Hospital:

Blood Type:

FIRST THOUGHTS

WEIGHS



BORN AT
:
AM / PM

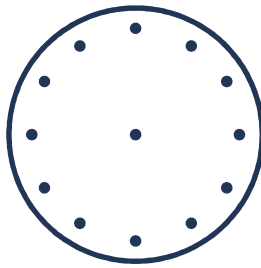
INCHES LONG



ON THE DAY I ARRIVED

CALENDAR DATE:

TIME OF DAY:



:
AM / PM

WEATHER:

National Leaders: _____

World Leaders: _____

Headlines: _____

Popular Entertainers: _____

Popular Songs: _____

Best-Selling Authors: _____

Hit TV Shows: _____

Sports Stars: _____

Fashion Trends: _____

ON THE DAY I ARRIVED

NEWSPAPER CLIPPING

ATTACH A GROCERY
RECEIPT HERE

THE PRICE OF:

A Gallon of Gas: _____

Monthly Rent/Mortgage: _____

A Car: _____

A Movie Ticket: _____

Babysitting (per hour): _____

A Gallon of Milk: _____

A Loaf of Bread: _____

Diapers: _____

A Postage Stamp: _____

BABY'S MILESTONES

Slept through the night: _____

Held head up: _____

Smiled: _____

Reached for an object: _____

Discovered hands: _____

Discovered feet: _____

Laughed: _____

Recognized Mommy: _____

Recognized Daddy: _____

Crawled: _____

Cut a tooth: _____

Rolled Over: _____

Sat alone: _____

Ate solid food: _____

Held a spoon: _____

Stood up: _____

Stood alone: _____

Walked: _____

Waved: _____

Clapped: _____

Hugged: _____

Gave or blew a kiss: _____

Danced: _____

Hair Cut: _____

Favorite songs and lullabies: _____

Favorite toys and games: _____



MONTH

1

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

MONTH

2

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

MONTH

3

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

MONTH

4

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

MONTH

5

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

MONTH

6

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

MONTH

7

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

MONTH

8

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

© Journeys and Dreams

MONTH

9

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

MONTH

10

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

MONTH

11

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

MONTH

12

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

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THE EARLY YEARS

My personality is really developing: _____

Things I do best: _____

Activities I enjoy: _____

My friends: _____

Places I like to go: _____

Things that make me laugh: _____

Things that scare me: _____

My pets: _____

People I like to spend time with: _____

Favorite Words: _____

Favorite Songs: _____

Favorite Books: _____

Favorite Toys: _____

Some bumps and bruises: _____

The ABC's: _____

To Count: _____

My Name: _____

My First Sentences: _____

To Read: _____

To Write: _____

Tie My Shoes: _____

To Ride a 2-Wheeler: _____

To Use the Potty: _____

To Dress Myself: _____

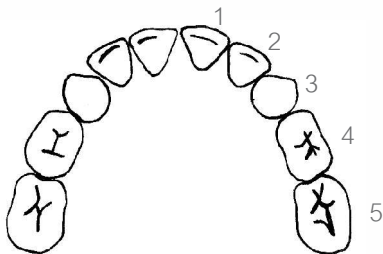


GROWTH CHART

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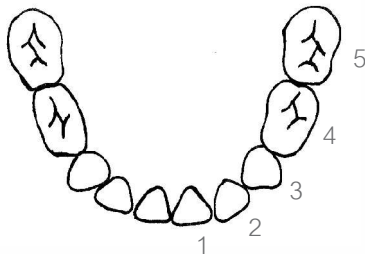
NEWBORN	LENGTH: _____	WEIGHT: _____	DATE: _____
1 MONTH	LENGTH: _____	WEIGHT: _____	DATE: _____
2 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
3 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
4 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
5 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
6 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
7 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
8 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
9 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
10 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
11 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
1 YEAR	LENGTH: _____	WEIGHT: _____	DATE: _____
1.5 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
2 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
2.5 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
3 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
3.5 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
4 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
4.5 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
5 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
6 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
7 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
8 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
9 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
10 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
11 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
12 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
13 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
14 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
15 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
16 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
17 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____
18 YEARS	LENGTH: _____	WEIGHT: _____	DATE: _____

MY TEETH



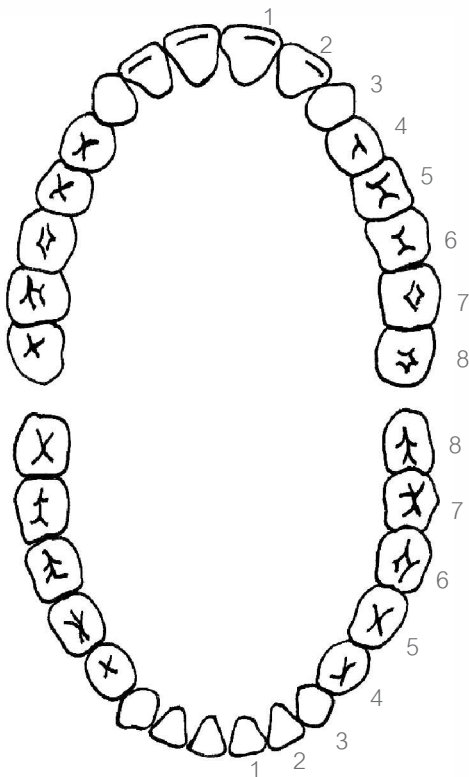
Baby Teeth: Top

#1 CENTRAL INCISOR	Right: _____	Left: _____
#2 LATERAL INCISOR	Right: _____	Left: _____
#3 CANINE (CUSPID)	Right: _____	Left: _____
#4 FIRST MOLAR	Right: _____	Left: _____
#5 SECOND MOLAR	Right: _____	Left: _____



Baby Teeth: Bottom

#1 CENTRAL INCISOR	Right: _____	Left: _____
#2 LATERAL INCISOR	Right: _____	Left: _____
#3 CANINE (CUSPID)	Right: _____	Left: _____
#4 FIRST MOLAR	Right: _____	Left: _____
#5 SECOND MOLAR	Right: _____	Left: _____



Adult Teeth: Top

#1 CENTRAL INCISOR	Right: _____	Left: _____
#2 LATERAL INCISOR	Right: _____	Left: _____
#3 CANINE (CUSPID)	Right: _____	Left: _____
#4 FIRST PREMOLAR	Right: _____	Left: _____
#5 SECOND PREMOLAR	Right: _____	Left: _____
#6 FIRST MOLAR	Right: _____	Left: _____
#7 SECOND MOLAR	Right: _____	Left: _____
#8 THIRD MOLAR	Right: _____	Left: _____

Adult Teeth: Bottom

#1 CENTRAL INCISOR	Right: _____	Left: _____
#2 LATERAL INCISOR	Right: _____	Left: _____
#3 CANINE (CUSPID)	Right: _____	Left: _____
#4 FIRST PREMOLAR	Right: _____	Left: _____
#5 SECOND PREMOLAR	Right: _____	Left: _____
#6 FIRST MOLAR	Right: _____	Left: _____
#7 SECOND MOLAR	Right: _____	Left: _____
#8 THIRD MOLAR	Right: _____	Left: _____

IMMUNIZATIONS

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Pediatrician: _____ Phone Number: _____ My Blood Type: _____
Office Address: _____ My First Visit: _____

		Date	Reaction
Diphtheria Tetanus Pertussis	} DTaP:	_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____
Polio Vaccine	IPV:	_____	_____
		_____	_____
Measles Mumps Rubella	} MMR:	_____	_____
		_____	_____
		_____	_____
Haemophilus	HIB:	_____	_____
		_____	_____
Hepatitis B	HepB:	_____	_____
		_____	_____
Pneumococcal Conjugate	PVC:	_____	_____
		_____	_____
Varicella (Chicken Pox):		_____	_____
		_____	_____
Rotavirus	RV:	_____	_____
		_____	_____
Other:		_____	_____
		_____	_____
		_____	_____



FIRST DAY OF SCHOOL

The First School I Attended: _____

My Teacher(s): _____

My Principal: _____

How I Felt Before School: _____

How I Felt After School: _____

Friends I Made: _____

New Things I Learned: _____

My Favorite Part of the Day: _____

ATTACH PHOTOS HERE

GRADE

K

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

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GRADE

1

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

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GRADE 2

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

GRADE 3

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

GRADE

4

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

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GRADE

5

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

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GRADE

6

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

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GRADE 7

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

GRADE

8

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

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GRADE 9

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

GRADE 10

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

GRADE

11

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

© Journeys and Dreams

GRADE 12

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

HIGH SCHOOL PRIDE

CLASS OF 20____

Our school colors were _____

Our school mascot was _____

When I graduate I want to _____

Someday I want to work as a _____ because _____

I want to change the world by _____

My hopes and dreams: _____

ATTACH PHOTOS HERE

FIRST SCHOOL DANCE

ATTACH PHOTOS HERE

I went to my first dance with _____
_____ on the night of _____

Funny moments from the night: _____

Popular songs: _____

Fun dances: _____

My memories from the night: _____

HIGH SCHOOL PROM

ATTACH PHOTOS HERE

I went to prom with _____
_____ on the night of _____

The theme was _____

Friends we met up with: _____

We drove there in _____

We went to dinner at _____

Popular songs: _____

Fun dances: _____

My memories from the night: _____

Prom King: _____ Prom Queen: _____



LEARNING TO DRIVE

ATTACH PHOTOS HERE

The car I learned to drive in: _____

My first car: _____

Date I got a driver's permit: _____

Date I got a driver's license: _____

First place I drove to by myself: _____

People that taught me to drive: _____

My favorite part about driving: _____

My least favorite part about driving: _____

ATTACH PHOTOS HERE



MY FIRST JOB

Date I started: _____

Last day on the job: _____

Where I worked: _____

My position: _____

Memories: _____

ATTACH PHOTOS HERE

EXTRA CURRICULARS

ATTACH PHOTOS HERE

Details and Memories: _____



EXTRA CURRICULARS

ATTACH PHOTOS HERE

Details and Memories:



EXTRA CURRICULARS

ATTACH PHOTOS HERE

Details and Memories: _____

ATTACH PHOTOS HERE



SPORTS I PLAYED

ATTACH PHOTOS HERE

Sport I played: _____

Position(s) I played: _____

Dates I Played: _____

Coach: _____

Assistant Coach: _____

Teammates: _____

My Stats: _____

Other Details and Memories: _____

A decorative border of small triangles in dark blue, teal, and yellow surrounds the page. The triangles are arranged in a repeating pattern along all four edges.

IMPORTANT HOLIDAYS

ATTACH PHOTOS HERE

ATTACH PHOTOS HERE



MEMORIES

ATTACH PHOTOS HERE



MEMORIES

ATTACH PHOTOS HERE

MEMORIES

ATTACH PHOTOS HERE



MEMORIES

ATTACH PHOTOS HERE



MEMORIES

ATTACH PHOTOS HERE

You make me
HAPPY
When skies are gray

© Journeys and Dreams

MEMORIES

ATTACH PHOTOS HERE

MEMORIES

ATTACH PHOTOS HERE
