

Grizzly Digital

Graphic Design 1-2 Graphic Design 3-4

Photography 1-2 Photography 3-4

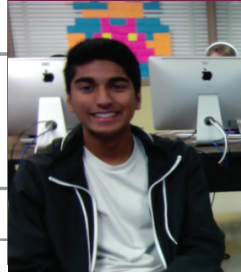
Period: 1

Name: Joel A [redacted]

Birthday: [redacted] / [redacted]
(month) (day)

Student ID#: [redacted]

email address: _____



A little more about me:

I like to breakdance

and eat apples and bananas

A Few of my favorite things...

Candy Bar: Hersheys

Cold Beverage: Soda

Collectible: Clothes

Dessert: Brownies

Dinner Entree: Pasta

Fast Food: Burgers

Flower: Rose

Fruit: Mangos

Hot Beverage: Hot Chocolate

Magazine: Times

Movie: Toy Story

Munchies: Potato Chips

Music: Pop / Breakdance beats

Way to Relax: Games with friends

Vacation Location: Hawaii

Vegetable: Green beans

Cartoon: Spongebob

Supperhero/Power: Flight

Sport Football

Sports Team: Chargers

Video Gaming System Xbox/Playstation

Video Game Street Fighter

Check Classes you've had at MHHS

- Computer Graphic Design 1-2
- Computer Graphic Design 3-4
- Digital Photography 1-2
- Digital Photography 3-4
- General Computing (Microsoft)
- Other Classes (list) _____

Software Expertise:

(Check 1-5. 5 is very proficient)

	1	2	3	4	5
Photoshop	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illustrator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
InDesign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acrobat	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MS PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MS Excel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have a cell phone?

Does your phone have a camera?

Do you have a SmartPhone?
what's the number? (for class purposes only)

Do you have a computer at home?

Yes No

Do you have internet access at home?

Yes No

Do you have a website/blog?

Yes No

Write/type the url here: