

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.)



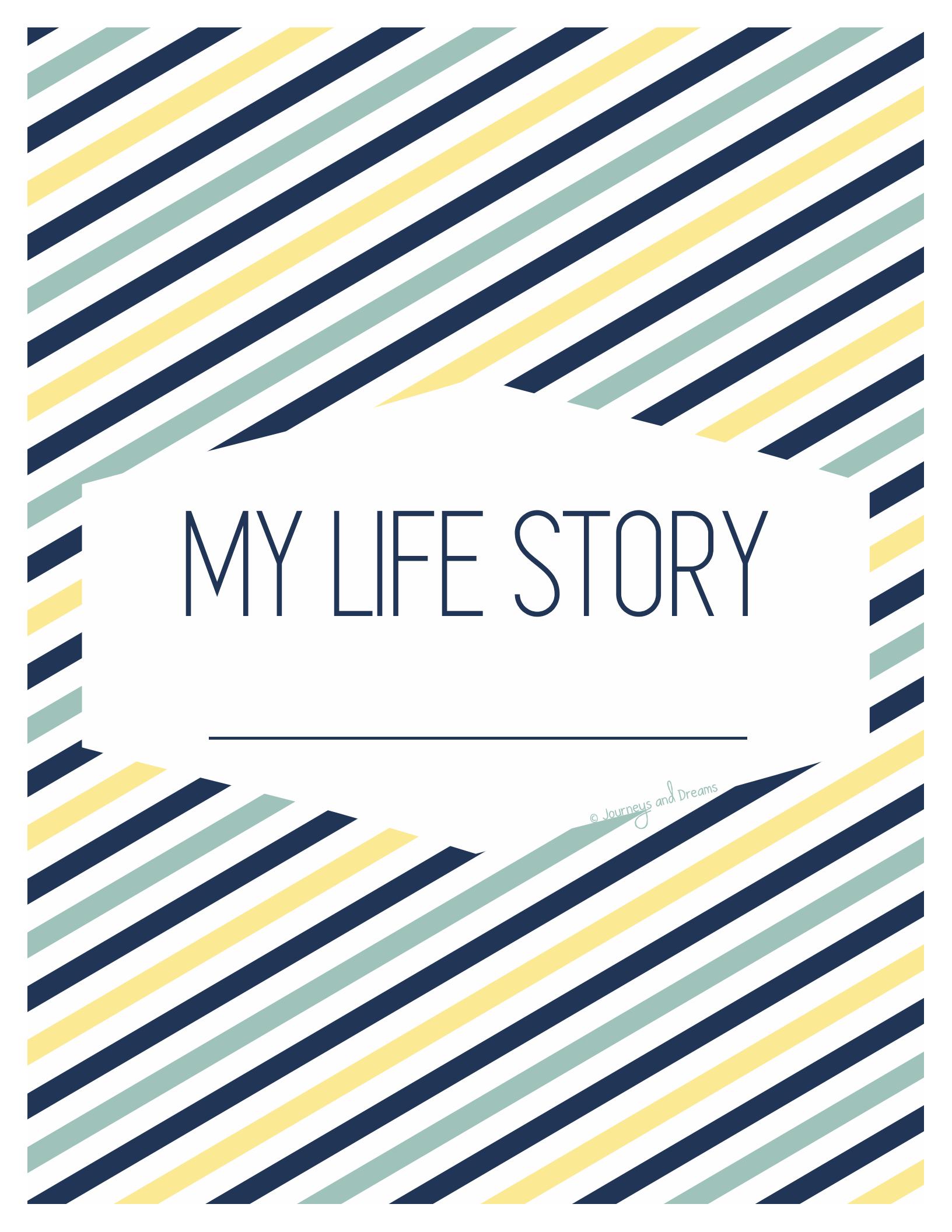
MY LIFE STORY

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LIFE BOOK PAGES

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LIFE BOOK PAGES

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MY LIFE STORY

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2 inch Binder Spine



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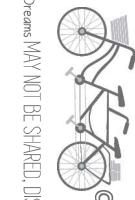
Use cut lines as a guide to print an 8x10in sign.
[etsy.com/shop/JOURNEYSandDREAMS](https://www.etsy.com/shop/JOURNEYSandDREAMS)



2 inch Binder Spine

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2 inch Binder Spine



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2 inch Binder Spine

FOSTER CARE LIFE BOOK

FOSTER CARE LIFE BOOK



2 inch Binder Spine



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FOSTER CARE LIFE BOOK



Use cut lines as a guide to print an 8x10in sign.
Cover is best printed on thick paper such as cardstock.

1" and 1.5" inch binder spine
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1" and 1.5" inch binder spine
[etsy.com/shop/JOURNEYSandDREAMS](https://www.etsy.com/shop/JOURNEYSandDREAMS)

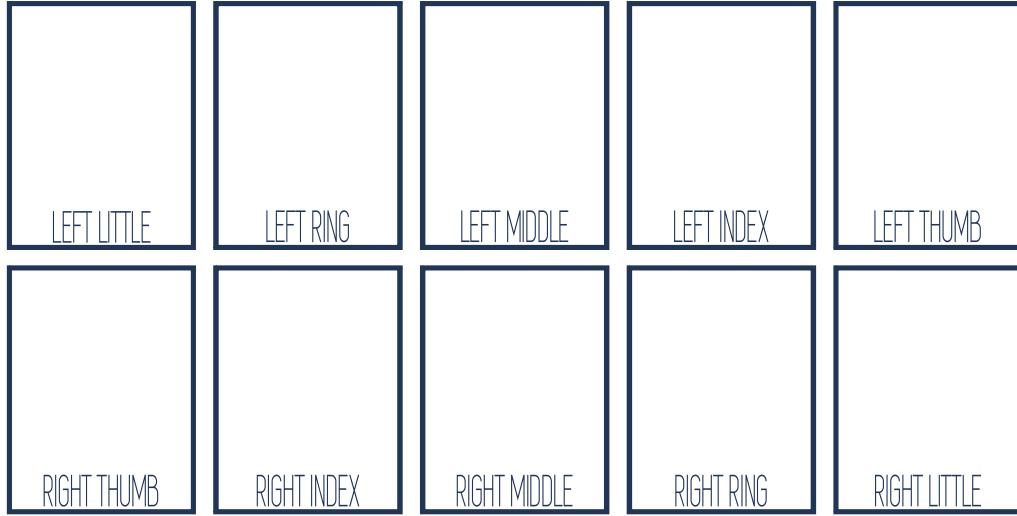


CHILD IDENTIFICATION FORM

© Journeys and Dreams

ATTACH A PHOTO HERE

DATE OF PHOTO: _____



Allergies: _____

Medical Conditions: _____

Medications: _____

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.):

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: _____

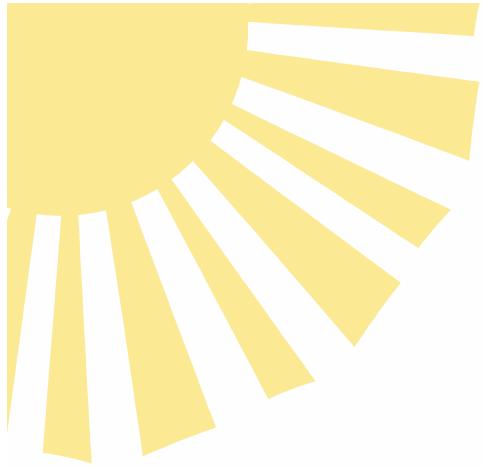
You came here because: _____

You weighed _____ You were _____ tall

Notes

ATTACH A PHOTO HERE

Age: _____ Grade: _____ Date: _____



FOSTER PARENTS

Thoughts and Memories

© Journeys and Dreams

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 _____

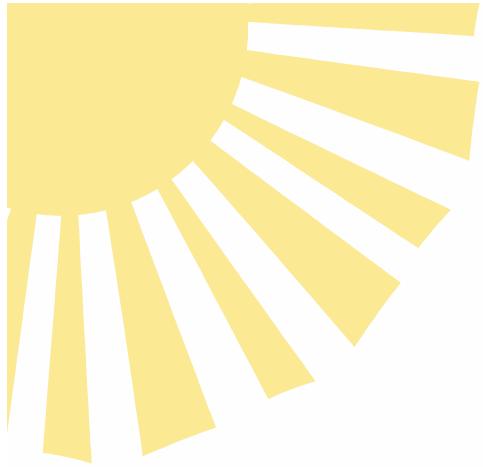
What usually made you smile or laugh was _____

The most difficult time was _____

We felt most proud of you when _____

The most special thing about you is _____

We hope you continue to _____

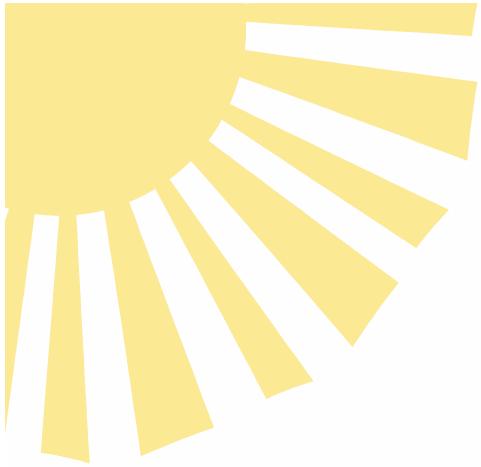


FOSTER PARENTS

© Journeys and Dreams

ATTACH A PHOTO HERE

Notes: _____



FOSTER PARENTS

© Journeys and Dreams

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: _____

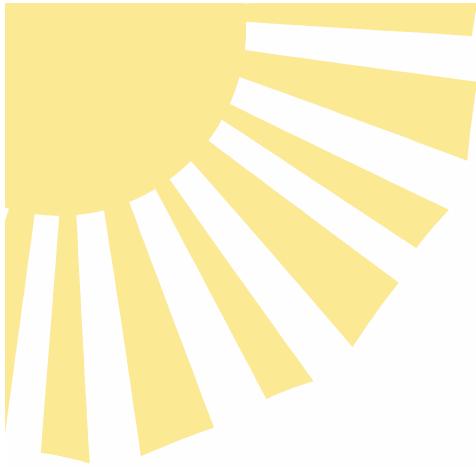
ATTACH A PHOTO HERE

Our favorite things to do together: _____

Memories we share: _____

Something important she taught me: _____

What she wants me to remember: _____



FOSTER PARENTS

© Journeys and Dreams

Foster Father

Name: _____

Race/Ethnicity: _____

Hair Color: _____ Eye Color: _____

What I remember about my foster dad: _____

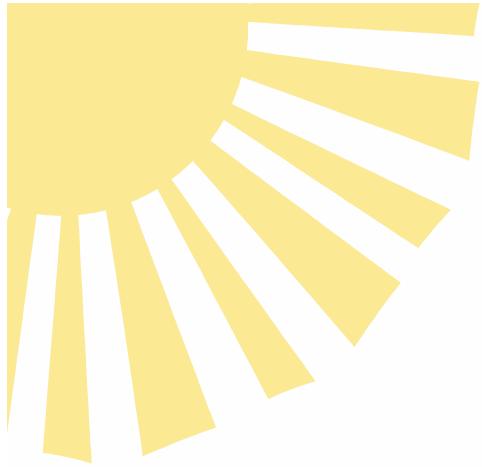
ATTACH A PHOTO HERE

Our favorite things to do together: _____

Memories we share: _____

Something important he taught me: _____

What he wants me to remember: _____



MY FOSTER FAMILY

My Foster Siblings

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ATTACH A PHOTO HERE

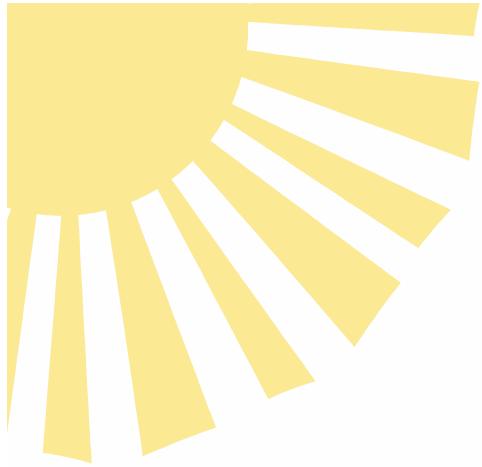
Name: _____ Brother/Sister Name: _____ Brother/Sister

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

© Journeys and Dreams

ATTACH A PHOTO HERE

Notes: _____

You are my
SUNSHINE

© Journeys and Dreams

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: _____

Adoptive Mother

Date of Birth: _____

Place of Birth: _____

Hair Color: _____ Eye Color: _____

Blood Type: _____

Mother's Maiden Name: _____

Father's Name: _____

Race: _____

ATTACH A PHOTO HERE

Ethnicity: _____

Family Origin: _____

Tribal Affiliation: _____

Clan Name: _____

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

Name: _____

Date of Birth: _____

Place of Birth: _____

Hair Color: _____ Eye Color: _____

Blood Type: _____

Mother's Maiden Name: _____

Father's Name: _____

ATTACH A PHOTO HERE

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:



AM / PM

WEATHER:

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: _____

© Journeys and Dreams

Footprints

Date: _____

© Journeys and Dreams

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: _____

ATTACH A PHOTO HERE

Family Origin: _____

Tribal Affiliation: _____

Clan Name: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

What I remember about my mom: _____

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

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

© Journeys and Dreams

MY BIRTH FAMILY

Birth Father

Name: _____

Date of Birth: _____

Place of Birth: _____

Blood Type: _____

Mother's Maiden Name: _____

Father's name: _____

Race: _____

ATTACH A PHOTO HERE

Ethnicity: _____

Family Origin: _____

Tribal Affiliation: _____

Clan Name: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

What I remember about my dad: _____

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

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 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 Extended Birth Family

ATTACH A PHOTO HERE

Notes: _____

BABY MEMORIES

ATTACH THE EARLIEST BABY PHOTO HERE

THE STATS

Name:

Hair Color:

City, State:

Eye Color:

Doctor:

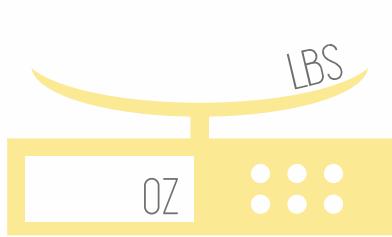
Skin Color:

Hospital:

Blood Type:

FIRST THOUGHTS

WEIGHS



BORN AT

:

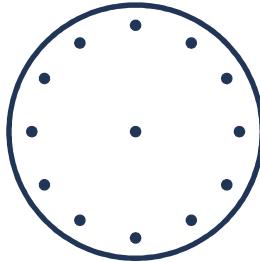
AM / PM



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

3

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities _____

MONTH

2

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities _____

© Journeys and Dreams

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

7

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities _____

MONTH

6

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities _____

© Journeys and Dreams

MONTH

8

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities _____

MONTH

9

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

10

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

© Journeys and Dreams

MONTH

12

Weight: _____

Height: _____

Teeth: _____

What's New _____

Milestones _____

Favorites _____

Family Outings & Activities

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: _____

The ABC's: _____

Favorite Songs: _____

To Count: _____

Favorite Books: _____

My Name: _____

Favorite Toys: _____

My First Sentences: _____

Some bumps and bruises: _____

To Read: _____

To Write: _____

Tie My Shoes: _____

To Ride a 2-Wheeler: _____

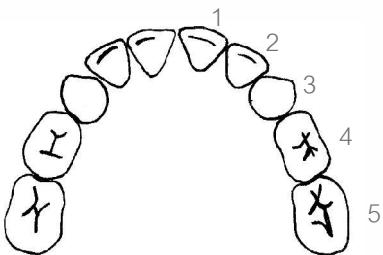
To Use the Potty: _____

To Dress Myself: _____

GROWTH CHART

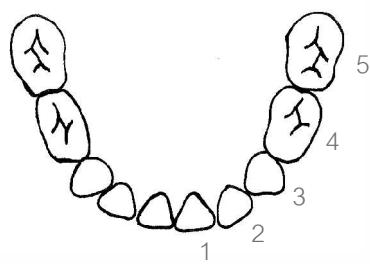
NEWBORN	LENGTH: _____	WEIGHT: _____	DATE: _____
1 MONTH	LENGTH: _____	WEIGHT: _____	DATE: _____
2 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
3 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
4 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
5 MONTHS	LENGTH: _____	WEIGHT: _____	DATE: _____
6 MONTHS	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



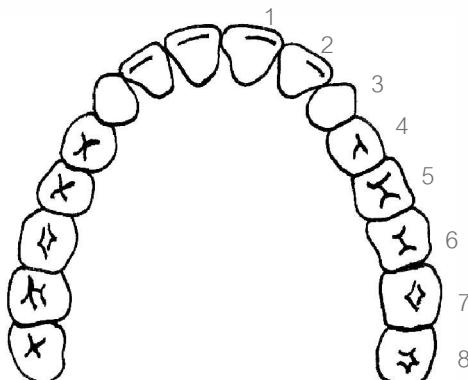
Baby Teeth: Top

- | | | |
|--------------------|--------|-------|
| #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: |



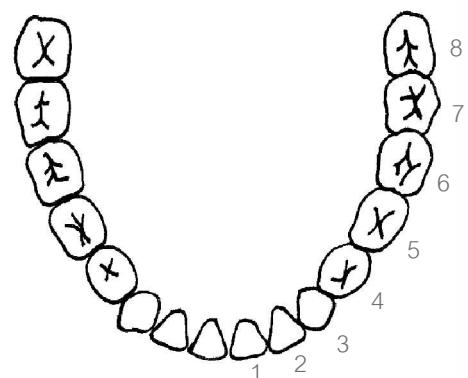
Baby Teeth: Bottom

- | | | |
|--------------------|--------|-------|
| #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: _____

Phone Number: _____ My Blood Type: _____

Office Address: _____ My First Visit: _____

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: _____

GRADE 1

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

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: _____

GRADE 5

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

GRADE 6

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

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: _____

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: _____

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GRADE 11

School Name: _____

School Address: _____

Teacher(s): _____

Principal: _____

Vice Principal: _____

Favorite Subject: _____

Most Challenging Subject: _____

Achievements: _____

Extra Curricular Activities: _____

Best Friends: _____

Memories: _____

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:

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EXTRA CURRICULARS

ATTACH PHOTOS HERE

Details and Memories:

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ACHIEVEMENTS AND AWARDS

ATTACH PHOTOS HERE

Details and Memories: _____



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: _____

IMPORTANT HOLIDAYS

ATTACH PHOTOS HERE

FUN CELEBRATIONS

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Details and Memories:

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MEMORIES

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MEMORIES

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You make me
HAPPY
When skies are gray

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MEMORIES

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