

# Grizzly Digital

Graphic Design 1-2    Graphic Design 3-4

Photography 1-2    Photography 3-4

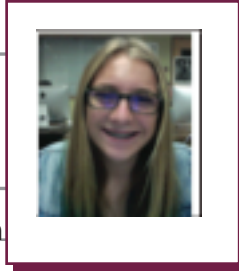
Period: 3

Name: Ally Longo

Birthday: June / 17  
(month) (day)

Student ID#: \_\_\_\_\_

email address: allylongo7@gmail.com



A little more about me:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## A Few of my favorite things...

Candy Bar: Twix

Cold Beverage: Water

Collectible: Souviners

Dessert: Cookies(any kind but raisin)

Dinner Entree: Pizza

Fast Food: In n Out

Flower: Roses

Fruit: Apple

Hot Beverage: Hot Chocolate

Magazine: None

Movie: No preference

Munchies: Chips

Music: 90's Alternative Rock

Way to Relax: Play Soccer

Vacation Location: San Fransisco

Vegetable: Carrots

Cartoon: Futurama

Supperhero/Power: Mind Reading

Sport Soccer

Sports Team: No preference

Video Gaming System No preference

Video Game No preference

## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illustrator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

\_\_\_\_\_