

Grizzly Digital

Graphic Design 1-2 Graphic Design 3-4

Photography 1-2 Photography 3-4

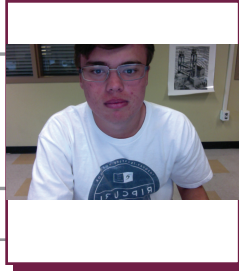
Period: 4

Name: John O'Leary

Birthday: 2 / 12
(month) (day)

Student ID#: 708321

email address: john.oleary8321@smusd.org



A little more about me:

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) _____

A Few of my favorite things...

Candy Bar: Snikers

Cold Beverage: Mtn Dew

Collectible: N/A

Dessert: Brownies

Dinner Entree: Steak

Fast Food: Chipotle

Flower: N/A

Fruit: Apple

Hot Beverage: Coffee

Magazine: N/A

Movie: Scott Pilgram Vs. The World

Munchies: Chex Mix

Music: Everything

Way to Relax: Sleep

Vacation Location: San Francisco

Vegetable: Green Bean

Cartoon: Ed, Edd, and Eddy

Supperhero/Power: Batman

Sport Baseball

Sports Team: Padres/Steelers

Video Gaming System _____

Video Game _____

Software Expertise:

(Check 1-5. 5 is very proficient)

	1	2	3	4	5
Photoshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Illustrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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? Yes No

Does your phone have a camera? Yes No

Do you have a SmartPhone? Yes No
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:
