

Grizzly Digital

Graphic Design 1-2 Graphic Design 3-4

Photography 1-2 Photography 3-4

Period: 4

Name: Jordan Hinze

Birthday: 07 / 10
(month) (day)

Student ID#: 708334

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A little more about me:

The seating arrangement at its best is
Jailen, Jorge, Jordan (me), And Aaron.

A Few of my favorite things...

Candy Bar: Reese's

Cold Beverage: Milk Shake

Collectible: _____

Dessert: Anything sweet

Dinner Entree: Burritos

Fast Food: Rigobertos

Flower: Aristolochia Salvadorensis

Fruit: Broccoli

Hot Beverage: Hot chocolate Milk

Magazine: Game informer

Movie: Wedding Ringer

Munchies: Tiger Milk Portein Bars

Music: Rap, Country, and R&b

Way to Relax: Video Games

Vacation Location: France

Vegetable: Apple

Cartoon: Family Guy

Supperhero/Power: Mind Reading

Sport Football

Sports Team: Sand Diego Super Chargers

Video Gaming System X-Box 360

Video Game Battlefield Series

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
InDesign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acrobat	<input 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 type="checkbox"/>	<input type="checkbox"/>
MS Excel	<input 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

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