

STRIPE GOALS WORKSHEET

Student Name: _____ Next Rank: _____ Date: _____

STRIPE GOAL #1, month of: _____

STRIPE GOAL #2, month of: _____

STRIPE GOAL #3, month of: _____

STUDENT'S SIGNATURE

PARENT SIGNATURE (IF STUDENT IS UNDER 18) / WITNESS SIGNATURE (IF STUDENT IS OVER 18)

Fill out both halves of this sheet. Return one side to KJN Apple and keep the other half where you can see it daily.

Student Name: _____ Next Rank: _____ Date: _____

STRIPE GOAL #1, month of: _____

STRIPE GOAL #2, month of: _____

STRIPE GOAL #3, month of: _____

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