Goat Reading Program

Please fill out this form and email it to jjsecondchancesmallholdings@gmail.com

Form must be completed and emailed.
Form Must be signed by Parent, Guardian or Instructor

Name of Student _____

Grade of Student _____ School_____

Please fill out Completely

Book Name	Type of Book	Time Read	Signature

Email of Guardian or Teacher_____

Contact information so that We can schedule a time for goat rewards…..

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Thank you!