KickFit Martial Arts Schools www.kickfit-academy.com Tel 0845 230 3323

HOME ACTIVITY FORM

Student Name: _____ Month Of: _____

On a quest to be my best

KICKFIT
태권도
ACADEMY

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
MY ROOM, Responsibility																															
Make my bed																															
Hang up my clothes																															
Put away my personal belongings																															
SELF CARE, Self-confidence																															
Brush my teeth																															
Take my bath, hang towels																															
Put my dirty clothes in the laundry																															
STUDY, Character																															
Completed all my homework																															
Improved in at least one subject																															
Kept a good attitude with my teachers & others																															
PRACTICE, Self-discipline																															
Exercise, stretching, running																															
Basics & forms																															
Self-defence techniques																															
FAMILY, Respect & love																															
Clean up after meals & snacks																															
Take out the rubbish																															
Listen to and respect parents																															
Share & cooperate with brothers & sisters																															
Always be willing to do my share																															

Parents Signature: _____ **Date:** _____