

COLOR BELT TESTING FORM

Student Name		Date of Birth	
Current Belt		Testing Belt	Belt Size

I recognize that tips and certificates (if applicable) are awarded only when specific standards of performance are met. In the event that I may not perform to the satisfaction of the testing official(s), promotion may be delayed until further progress has been demonstrated. If I do not achieve the desired degree, I may retest for that degree on the next promotion test date. I recognize that promotion standards are uniform and that each belt degree reflects a specific level of competence.

For Judge:

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Form:</td> <td style="width: 10%;">A</td> <td style="width: 10%;">B</td> <td style="width: 10%;">C</td> <td style="width: 10%;">D</td> <td style="width: 10%;">E</td> </tr> <tr> <td>Sparring Combination:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>#1:</td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>E</td> </tr> <tr> <td>#2:</td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>E</td> </tr> <tr> <td>#3:</td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>E</td> </tr> <tr> <td>Board Breaking:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>E</td> </tr> </table>	Form:	A	B	C	D	E	Sparring Combination:						#1:	A	B	C	D	E	#2:	A	B	C	D	E	#3:	A	B	C	D	E	Board Breaking:							A	B	C	D	E	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Step/Sparring:</td> <td style="width: 10%;">A</td> <td style="width: 10%;">B</td> <td style="width: 10%;">C</td> <td style="width: 10%;">D</td> <td style="width: 10%;">E</td> </tr> <tr> <td>Defense Combination:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>#1:</td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>E</td> </tr> <tr> <td>#2:</td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>E</td> </tr> <tr> <td>#3:</td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>E</td> </tr> <tr> <td>Comment:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Step/Sparring:	A	B	C	D	E	Defense Combination:						#1:	A	B	C	D	E	#2:	A	B	C	D	E	#3:	A	B	C	D	E	Comment:					
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Judge Signature: _____ **Date:** _____

Student Work Sheet(Children Only)
This form is to be filled out by a parent only.

Dear Parent:

Please take a few moments to answer these questions. The purpose of this information is to find out more about your child's home habits. We strongly believe that the combination of good habits at home, school and our center are important parts of developing habits that can benefit your child's future.

	Excellent	Mostly	Needs Work
Does your child show respect to you and other family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child greet you when you enter the house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child say good-bye when you leave?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child truthful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child maintain a good relationship with his/her siblings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child keep his/her room neat and clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child careful not to interrupt adult conversation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child study at school and at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child show respect for his/her school teachers and peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child clean up after meals and snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child do what he/she is told the first time you ask?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

Please be sure to sign and return this form with payment before your exam date.
(Make check payable to Ko's Yong In Martial Arts)

Exam Fees: (Exam fee subject to change without notice) CHECK # _____ CASH _____

Color Belt(White To Red): \$60 ____ Hi-Red & Deputy 1: \$100 ____

Parents/Student Signature: _____ **Today's Date:** _____