



Junior Belt Exam Request Form

Dear parent or guardian,
Please take a few moments to complete this form. The purpose of this information is to find out more about your child’s home and school habits in order to support their martial arts journey. We strongly believe that the combination of good habits at our studio, your home and your child’s school are important parts of developing habits that can benefit your child’s future.

Student’s full name: _____

Parent’s name: _____ Belt size: _____

Today’s date: __/__/__ Exam date: __/__/__ Belt Student is Testing For: _____

Would you like to schedule a private lesson to help your child prepare for the test?
Yes No

Does your child practice martial arts at home? Yes No

Does your child use martial arts inappropriately at home? Yes No

Do you or someone else help your child practice at home? No Yes

If yes, who assists them? _____

How would you describe your child’s listening skills?
Excellent Very good Good Needs to improve

Please list 3 areas that your child has improved on since starting our program:

(1) _____ (2) _____ (3) _____

Please list 3 areas that your child needs to improve on:

(1) _____ (2) _____ (3) _____

The following is a list of special services we offer. Please check those you would like to receive information about:

- Self-defense seminars for women Adult classes
- Please send me free gift-certificates so I can share them with my friends and family

Please be sure to sign and return this form two weeks prior to your child’s Belt exam.

Exam fee: \$25.00 Check #_____ Cash Credit card

Parent’s signature: _____

This section to be filled out by instructor only:

I approve this student to take the _____ exam.
(Belt Rank)

Master Patrick Prager: _____