

American Sport Karate Association

This form is to be filled out by a parent only

Dear parent:

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

Student's full name: _____ ID: _____

Parent's name: _____ Belt size: _____

Start date: __ / __ / __ Today's date: __ / __ / __ Exam date: __ / __ / __

Number of classes since start date: _____ **Program:** FT Program 12 Months Other: _____

Your son/daughter's goal is to take his/her **Black Belt** exam on : __ / __ / __

Does your son/daughter practice martial arts at home? Yes No

Does your son/daughter use martial arts inappropriately at home? Yes No

Do you or someone else help your son/daughter practice at home? No Yes Myself Other:

Would you like us to help you to coach your son/daughter better at home? Yes No

How would you describe your son/daughter's listening skill? Excellent Very good Good Needs to improve

Would you like to have a conference with your son/daughter's instructor? Yes No

Please list 3 areas that your son/daughter has improved on since starting our program :

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

Please list 3 areas that your son/daughter needs to improve on:

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

The following is a list of special services that we offer.

Please check the appropriate ones so we can send you more information about them:

- Private lessons Black Belt Club Self defense seminars for women DVD/Books instruction series
Adult classes Family classes Please send me free gift certificates so I can share them with my friends and family

Thank you for taking the time to fill out this form.

Please be sure to sign and return this form one week prior to your son/daughter's _____ exam.

Exam fee: \$ _____ Check #_____, payable to ASKA Cash Please send invoice

Parent's signature

Student's signature

This section to be filled out by Martial Arts ASKA instructors only:

I approve this student to take the _____ Belt exam.

Instructor: _____

Hien Pham