



RANK CERTIFICATION FORM

Dear Parent and Teacher,

The goal at Mastery Martial Arts is to develop our students, both physically and mentally. This student is physically ready for the next belt level. Could you please take a moment to give us your opinion on his or her social and cognitive skills?

PARENTS/ ADULT STUDENT Please complete.

1) Testing student has been practicing the lesson of the month <input type="checkbox"/> YES <input type="checkbox"/> NO 2) Testing student has attended a minimum of two classes weekly <input type="checkbox"/> YES <input type="checkbox"/> NO 3) Testing student has referred a new training partner to Mastery <input type="checkbox"/> YES <input type="checkbox"/> NO 4) Testing student has shown improvement in a. School/Work <input type="checkbox"/> YES <input type="checkbox"/> NO b. Physical Fitness <input type="checkbox"/> YES <input type="checkbox"/> NO c. Attitude <input type="checkbox"/> YES <input type="checkbox"/> NO 5) My tuition is current: <input type="checkbox"/> YES <input type="checkbox"/> NO	What has been the biggest improvement/achievement this belt cycle? What will be the next improvement/achievement?
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Current Belt Rank: _____

Belt Size (Circle): Little Dragons 00 0 0 1 2 3 4 5 6 7 8 9 10

Date Achieving Black Belt: _____

Please Print

Student's Name: _____ **Parent's Name:** _____

Certification Fee (Please Check): \$60 Single \$120 Family
 Other fee: Pre-Pd Testing: Free—Reason: _____

Payment Options: Check Cash Credit Card

TEACHER (N/A FOR STUDENTS OVER AGE 13)

_____ has been completing satisfactory or better work in my class in grade _____ and receiving passing grades while being respectful to the teachers and other students.

Please Check: **- I recommend this student to test for his / her next belt rank** _____
- Wait until next belt examination _____

Please Check: **I am** _____ **or I am not** _____ interested in having my student's martial arts instructor present a motivational talk about respect and self-control in the classroom.

School Name: _____

Contact Number: _____

E-mail: _____

Best Time to Contact: _____

Teacher Name, Printed, Signed: _____