

HIGH RED BELT TO DEPUTY I BELT Exam Form

Student's Name: _____ DOB: _____

Belt Size: _____ FMA Location: _____

I recognize that belts 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 that 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.

Date: _____ Student or Parent's Signature: _____

Form:

	1	2	3
Tae Geuk #8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1=Excellent 2=Good 3=Needs Work

Kicking Combination:

	1	2	3
Kicking Combination #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kicking Combination #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1=Excellent 2=Good 3=Needs Work

One Step Sparring:

	1	2	3
One Step Sparring #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One Step Sparring #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1=Excellent 2=Good 3=Needs Work

Breaking:

	1	2	3
Punch and Spin Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1=Excellent 2=Good 3=Needs Work

Tenet of Taekwondo:

	1	2	3
Courage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1=Excellent 2=Good 3=Needs Work

Question/Answer:

	1	2	3
Positive Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1=Excellent 2=Good 3=Needs Work

_____ Pass
 _____ Please take this exam again at a later date

 Official's Signature

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Exam Request Form

Student's Name: _____

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

Your goal to take your Black Belt exam on: ___ / ___ / ___

Please list 3 areas that you or your child has improved in since starting our program:

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

Please list 3 areas that you or your child would like to make improvements on:

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

Please list 3 actions you or your child needs to take to create improvements in these areas:

- (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:

<input type="checkbox"/> Private lessons	<input type="checkbox"/> Black Belt Club	<input type="checkbox"/> Self defense seminars for women
<input type="checkbox"/> Adult classes	<input type="checkbox"/> Family classes	<input type="checkbox"/> Birthday parties
<input type="checkbox"/> 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 child's Deputy I Belt exam.

Exam Fee: \$105.00*

Check # _____ Cash Credit Card

Please make check payable to **FMA**

Student or Parent's Signature

This section to be filled out by FMA instructors only:
I approve this student to take the Deputy I Belt exam.

Instructor: _____

***Exam fee subject to change without notice.**