

Exam Request Form

Student's Name: _____

C H I L D & T E E N T	<p>Dear Parent:</p> <p>Please take a few moments and complete the following questions. The purpose of this information is to find out more about your child's home and school habits. We strongly believe that the combination of good habits at our center, your home and your child's school are important parts of developing habits that can benefit your child's future.</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 70%;"></th> <th style="text-align: center; font-weight: normal;">Excellent</th> <th style="text-align: center; font-weight: normal;">Mostly</th> <th style="text-align: center; font-weight: normal;">Needs Work</th> </tr> </thead> <tbody> <tr> <td>Does your child show respect to you and your family members?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Does your child greet you when you enter the house?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input 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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
 Adult classes Family classes Birthday parties

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 you or your exam.

Exam Fee: \$60 Check # _____ Cash Credit Card

Please make check payable to **KickHigher**