



ALAN-THILAK KARATE SCHOOL INTERNATIONAL

Grading Form

Name :

Address :

Photo here

Register Number :

Date of Birth :

Phone Number :

Present Kyu :

Test Kyu :

Dojo :

Instructor Name :

Signature of Student

Signature of Parent

Signature of Instructor

Place :

Date :

For office use only

Remarks

Pass

Fail

Retest