



# CLASS PASS

CHECK ALL THAT APPLY:

VISITOR     TRIAL CLASS     DROP-IN     TRANSFER     ADD TO ROLL     MAKE UP

Student Name: \_\_\_\_\_  Male  Female

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Student's B-day: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Class Name: \_\_\_\_\_

Day:       Mon     Tue     Wed     Thu     Fri

Class Time: \_\_\_\_\_ : \_\_\_\_\_      to      \_\_\_\_\_ : \_\_\_\_\_

Comments: \_\_\_\_\_

## **NEW FAMILIES or VISITORS ONLY**

Parent's Name: \_\_\_\_\_

Main Phone #:     Home     Work     Cell    (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

(If other than parent)

Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medical Information (Allergies, etc.): \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Office Signature: \_\_\_\_\_

## **INSTRUCTOR FEEDBACK** (Please return to office immediately after class):

Is this the appropriate level for this student?     Yes     No

If "No",     Move Up?     Move Down?

Comment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Instructor Signature: \_\_\_\_\_

New Families / Visitors

Instructors

- Currently registered families: Please fill in top section only & present to Instructor at beginning of class.
- New families and visitors only: Please fill in top and middle sections & present to Instructor at beginning of class.
- **INSTRUCTORS: This form is ONLY VALID with Office Signature.**  
Please fill in bottom section & return to office immediately following class.