

CHILLIWACK SECONDARY SCHOOL PE VOLLEYBALL COURSE APPLICATION FORM

Student Name: _____

Middle School: _____

Have you played on your school team? YES / NO (Please circle)

Why do you want to take PE volleyball Course?

To be filled out by teacher:

Recommended by: _____

Please Circle. 1 is poor - 5 is excellent

Participation: 1 2 3 4 5

Following instruction: 1 2 3 4 5

Attendance: 1 2 3 4 5