

CHILLIWACK SECONDARY SCHOOL PE VOLLEYBALL COURSE APPLICATION FORM

Student Name: _____

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

Why do you want to take PE volleyball Course?

Please be aware that we only focus on volleyball skills, rules, and game knowledge in this class

To be filled out by teacher:

Recommended by: _____

Please Circle. 1 is poor - 5 is excellent

Participation:	1	2	3	4	5
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Following instruction:	1	2	3	4	5
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Attendance:	1	2	3	4	5
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