



Application for Fairview Health Class 2024 – 2025

Please complete this application and submit to Mr. Fletcher. Once the application has been submitted, Mr. Fletcher will sign your course request form indicating that an application has been received. Not all students who apply will be selected for the class.

Student Name: _____

Grade Level: _____ Student #: _____

2023 – 2024 Grades

Quarter 1

Math –

Science -

Quarter 2

Math -

Science -

Quarter 3

Math -

Science

Please explain in 1 paragraph why you would like to take this health class.

Parent Signature: _____