

**AVID: Advancement Via Individual Determination
Student Application**



Student Name: (Please print) _____

Current Student Grade (circle one) 5th 6th 7th **Date:** _____

Parent/Guardian Name: (Please print) _____

Parent's Highest Level of Education: (Circle one for each parent)

Grade: 5 6 7 8 9 10 11 12

University/College/Technical School:

Some college Associates Bachelors Masters Doctorate

As a parent or guardian you must support your child in his or her attempt to pursue the dream of going to college and be an advocate for his or her success.

Will you commit to helping ensure that your child is studying 1 to 2 hours after school (regular daily homework) and keeping an organized binder and planner? **Yes** **No**

Parent/Guardian Signature: _____

As an AVID student you will be required to maintain good organization, use a binder and agenda, collaborate well with peers and teacher, maintain passing grades, participate in AVID sponsored activities, and to be a role model in the school. Are you willing to follow these guidelines? **Yes** **No**

Student Signature: _____

Teacher Recommendation: _____

Teacher Recommendation: _____

What other enrichments are you applying to? _____

Is AVID your first choice? _____

AVID WRITTEN STUDENT SURVEY - TBMS

Student Name: (please print) _____

Please answer the following questions in complete sentences.

Tell a little bit about yourself (family, hobbies, likes, dislikes). _____

Describe what is most difficult or challenging for you in school. What have you done in the past when you have had difficulty in class?

Discuss what your academic goals are for the future.

Why do you want to be in AVID? How do you think AVID can help you?
