



# TUSTIN UNIFIED SCHOOL DISTRICT

**Advancement Via Individual Determination**

*An Academic College Preparatory Program*

## AVID Student/Parent Application

**Students interested in participating in the Tustin Unified AVID college preparatory program must complete this AVID Application form.**

Student Name: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

School Currently Attending: \_\_\_\_\_ High School you will be attending: \_\_\_\_\_

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**To be answered by the student; please be honest, thoughtful and specific.**

1. What have you heard about the AVID program?
  
  
  
  
  
  
  
2. Why do you want to be in the AVID program?
  
  
  
  
  
  
  
3. What are your academic goals after you graduate from high school?
  
  
  
  
  
  
  
4. What are your grades for all of your classes?

Period	Course Title	Teacher's Name	First Semester Grade	Current Grade & Percentage
0				
1				
2				
3				
4				
5				
6				

5. Did you receive any D's, F's, N's, or U's on your last report card? If yes, please list any of these grades or remarks and the classes in which you received them. Briefly explain the reason(s) why you earned these marks.
6. What is the most difficult class you have now? What makes it difficult for you?
7. What is the easiest class you have now? What makes it easy for you?
8. Are you involved in any extracurricular activities? If yes, please list.
9. Do you want to become involved in any extracurricular activities in high school? If yes, please list.
10. If you are currently in grade 9, are you willing to take World History in summer school?      YES              NO

*In order to make room in the class schedule for sophomore AVID students, World History is offered to AVID students during the summer prior to sophomore year. All students wishing to join AVID in sophomore year are recommended to take summer school to complete World History. This is a six-week commitment that begins on July 1.*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**To the Potential AVID Student:**

Please put your **teacher's name**, **your name**, and **your signature** on this recommendation form before you give it to your selected teacher. A minimum of **two recommendations** is required.

Dear \_\_\_\_\_:

I, \_\_\_\_\_, am applying for the AVID program at \_\_\_\_\_ High School. As part of this process, I am required to obtain a teacher recommendation. Please fill out this recommendation form so that I may return it before registration.

I appreciate your time and support. ☺

Thank you,

\_\_\_\_\_  
Student Signature

**Academic Teacher Recommendation for AVID**

**TEACHERS:** AVID is an academic, college preparatory program for students who desire to attend a four-year college or university. Two or more teacher recommendations are required for students to be accepted into the AVID program. Please check the box that closely describes the student requesting the recommendation. This form may be either returned to the student or directly to the AVID teacher. **Any additional comments you wish to make may be written on the back of this form or emailed to the AVID teacher.** Thank you for your support!

Based on my observations, this student:	Exceeds Criteria	Meets Criteria	Does Not Meet Criteria	Do Not Know
maintains at least a 2.5 academic GPA				
maintains at least a C+ in my class				
demonstrates the motivation & desire to attend college				
demonstrates the potential to complete rigorous coursework				
demonstrates diligence in homework completion				
demonstrates consistency in class attendance				
demonstrates positive classroom behavior				

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
# of semesters you have known student

\_\_\_\_\_  
Subject Taught

\_\_\_\_\_  
Date

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