

**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).** \_\_\_\_\_

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**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?**

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**Discuss what your academic goals are for the future.**

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

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