

Tracy Unified School District AVID Application 2022-23 School Year

Please print the following information and return to your school office or KHS office by December 3, 2021.

Your Name:

Current School:

Parent's Name:

Home Phone, parent's cell, parent email address:

Please answer these questions on the back of this paper or typed on a separate sheet. Answer using **complete sentences**.

1. What do you like most about school? What do you like least? Explain.
2. What are some academic/learning challenges that you experience in school? How do you deal with and overcome your challenges?
3. Are there any special circumstances, or hardships, you have experienced in your life? Either personally or in school. Your answer stays private.
4. Please describe your college and career goals.
5. Does anyone in your immediate family have college-going experience? If so, please explain.

I acknowledge that my child is applying for the TUSD AVID Program.

Parent/Guardian Signature

Student Signature