

Tracy Unified School District AVID Application 2025-26 School Year

Please print the following information and return to your school office by December 6, 2024.

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.

If you are interested in AVID please select AVID as one of your elective choices on your course request form

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.
6. Are you currently an AVID student (circle yes or no)? Yes No

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

Parent/Guardian Signature

David Brown, AVID District Coordinator

Student Signature

E-mail: davbrown@tusd.net