

Centennial High School AVID Application

2026 - 2027



Student Information

Please print neatly in ink.

Student's full, legal name: _____

Gender: _____ Birth Date: _____ Age: _____ Grade: _____

Student's Street Address: _____

City: _____ Zip Code: _____

Phone: _____ Email (for school): _____

Please answer the following questions in your own handwriting.

1. AVID stands for Advancement Via Individual Determination. Tell us why you think you are a student with individual determination. How do you show your determination in school and in life?

2. Why do you want to go to college? What are your plans for after high school?

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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Family Information

Please complete the following information.

	Parent/Guardian 1	Parent/Guardian 2
Name		
Relationship to student		
Home Address		
Work Phone		
Cell Phone		
Email		
Education	High School	High School
	<i>CIRCLE highest grade level completed</i>	<i>CIRCLE highest grade level completed</i>
	5 6 7 8 9 10 11 12	5 6 7 8 9 10 11 12
	High School Diploma YES NO	High School Diploma YES NO
	High School GED YES NO	High School GED YES NO
	Community/Technical College	Community/Technical College
	Number of years attended: _____	Number of years attended: _____
	AA Degree? YES NO	AA Degree? YES NO
	Other degree or certification?	Other degree or certification?
	University or College	University or College
	Number of years attended: _____	Number of years attended: _____
	Degree attained? YES NO	Degree attained? YES NO
	<i>Indicate subject area of degree</i>	<i>Indicate subject area of degree</i>
	BA/BS Bachelor's: _____	BA/BS Bachelor's: _____
	MA/MS Master's: _____	MA/MS Master's: _____
	PhD. Doctorate: _____	PhD. Doctorate: _____
	Other Education	Other Education

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For administrative purposes, please fill out the following information. We use these numbers to document equity and diversity within the program. The AVID Center also uses this data for its world-wide statistical reports. This section of the application is optional and will have no bearing on whether or not your child is accepted into the AVID program.

Student Name: _____ Grade Level: _____

1. Which ethnic group does the student represent?

- a. ____ American Indian or Alaskan Native
- b. ____ Asian or Pacific Islander
- c. ____ Hispanic
- d. ____ Black, not of Hispanic origin
- e. ____ White, not of Hispanic origin
- f. ____ Bi-racial or Multi-racial

2. Is the student entitled to receive free or reduced lunch? YES or NO

3. What language did the student first learn to speak? _____

4. What language is spoken most frequently in the home? _____

As an AVID student's parent or legal guardian, you must support the student in their attempt to pursue the goal of a four-year college, and serve as an advocate for their success.

Are you willing to attend at least two AVID events/parent meetings per year and to help ensure that the student is studying one or two hours each day and keeping an organized binder and planner?

YES or NO

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Thank you!

Please return all three completed application forms to the counseling office at the high school or middle school.