

Student Name	
Parent/Guardian Name(s)	
Phone #	# Alternate/Cell phone #
CURRE	NT Grade Level Student Email
1. V	Will you be the first in your family to attend college?YesNo
ľ	f no, please indicate who in your immediate family has attended college and where they attended.
- 2. ŀ	Have you ever been in AVID before? If yes, in what grade level(s)?
3. H	How would you describe your current grades?
	A's and B's B's and C's Mostly C's
4. L	List honors classes you have taken and average grade:
- 5. L	List honors classes you plan to enroll in NEXT YEAR:
c	n one page or less, write about why you have chosen to apply to AVID and what you believe you can contribute to the program. Include your present strengths as well as your future goals. (Please attach a copy of your writing to this application form.)
As a parent or guardian, by signing below, you indicate your support for your child in his or her attempt to pursue the dream of going to college and to be an advocate for his or her success. Are you willing to attend at least one informational meeting about AVID and help ensure that your child studies daily after school and keeps an organized binder and calendar of assignments and tests?	
YE	SNO Parent/Guardian Signature Date
As an AVID student, you will be expected to maintain passing grades (at least a 2.5 average), to always put forth your best effort, and to be a role model in the school. This means discipline and attendance should not be problematic. Are you willing to follow these guidelines?	
YE	SNO Student Signature Date
Application <u>must be</u> returned by Friday, Feb. 16 to either:	

Ms. Alfaro in Room 455 (12th Grade Sub-School)

Dr. Mrowka in Room 240 (10th grade Sub-School)

Ms. Silton in Room #459