

**APPLICATION FOR AVID**

Val Verde Academy 2016/2017 School Year

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Grade Level \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent's Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Are you willing to take AVID all year as your elective? \_\_\_\_\_

Do you and your parents understand that parent participation is an essential part of your success and the success of the program? \_\_\_\_\_

**Parent's Highest Level of Education** (Circle one for each parent.)

5 6 7 8 9 10 11 12

University/College/Technical School 1 2 3 4

Masters      Doctorate

**I agree to enroll in the AVID class for the entire academic year.**

**I agree to take notes in all my core subject areas as required in AVID**

**I agree to keep my binder organized as required by AVID.**

**I agree to maintain good attendance and be punctual for all my classes.**

**I agree to participate fully in tutorials as required by AVID.**

**I agree to participate in field trips, college visitation and other AVID activities.**

**I agree to keep my parents fully informed of AVID program activities.**

**I agree to complete all my assignments in all classes including AVID.**

**I agree to ask for help, talk to my AVID teacher or counselor if necessary.**

**I agree to keep a positive attitude and be enthusiastic about preparing for college.**

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Parent's signature)

APPLICATION DUE TO \_\_\_\_\_ BY \_\_\_\_\_

