

# AVID Student Application Haut Gap Middle School

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

Current Grade Level : \_\_\_\_\_

Student Email: \_\_\_\_\_

**The program is meant to prepare students to attend college following high school graduation.**

Students are accepted into the program through an application process which includes completing this application, teacher recommendations and an interview.

**Please answer the following questions in complete sentences.**

1. Why do you want to be an AVID student?

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2. What subject do you like the most? Why?

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3. What do you see yourself doing after you graduate from high school?

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4. Has anyone in your family ever attended college? If yes, who and did they graduate?

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**Parent/Guardian Section (to be completed by parent/guardian) Mother/Guardian Name**

Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

I would like my child to participate in the AVID Program because \_\_\_\_\_

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Participation in the AVID Program requires students to be committed to academics and their goal of attending college following high school graduation. I understand that students are expected to take rigorous classes, PSAT and to fully participate in the AVID Elective Class.

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Student Signature /Date

\_\_\_\_\_

Guardian Signature/Date \_\_\_\_\_

\*This form must be returned to Mrs. Smith (AVID Elective Teacher) or Ms. Washington (Guidance)