

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?

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

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

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

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 _____

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.

Student Signature /Date

Guardian Signature/Date _____

*This form goes is returned to Mrs. Smith (AVID Elective Teacher)