



AVID Student Application

Return this application with your registration card OR to Mr. Rudel

Student Name _____ Date _____

Parent/Guardian Name _____ Current Grade _____

Current school _____ Current GPA _____

Phone Number _____ Email _____

Are you currently enrolled in honors classes? _____ If yes, which ones? _____

List 3 teachers who could be contacted as a reference about you as a student:

Please answer the following questions with your parent/guardian as thoroughly as possible to assist us in choosing our applicants for the AVID Elective Class.

1. What are some extracurricular activities you are involved in? (Include school, sports, community, service, work, etc.)
2. What are your strengths and weaknesses in school?
3. What are your future goals and plans?

Please sign below to indicate that you and your parent/guardian commit to the following:

- Enrolling in at least one honors class
- Enrolling in the AVID Elective Class
- Completing at least one hour of homework nightly
- Meeting all AVID program expectations

Student signature _____

Parent signature _____