

APPLICATION FOR AVID

Name _____ (Name of School)
_____ (School Year)
Date _____
Parent's Name _____ Birthdate _____

Address _____

Home Phone _____ Work Phone _____

Are you willing to take AVID all year as your **ONLY** elective? _____

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

Please read and sign the Terms of Agreement for Enrollment in AVID and submit with this application. For more information, please call Jennie Evans at 518-694-5300.

Thank you!

I agree to enroll in the AVID class for the entire 9th grade 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 _____
(Designee) (Day, Date)