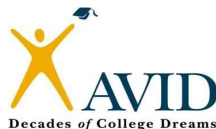


North Salinas High School

AVID Application



Please fill out all of the following sections.

Student's Last Name	Student's First Name	Middle Initial
Parent/Guardian's Last Name	Parent/Guardian's First Name	Today's Date
		/ /
Home Phone Number	Parent/Guardian's Cell Phone#	Is your child currently enrolled in AVID? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Email Address	Student Email Address	
Name of School Currently Attending	City of Current School	Current Grade Level
		<input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th
Current Counselor Name		
Father's/Guardian's Highest Level of Education	Mother's/Guardian's Highest Level of Education	
<input type="checkbox"/> Some High School <input type="checkbox"/> Some college <input type="checkbox"/> AA/AS Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Master's Degree or Above	<input type="checkbox"/> Some High School <input type="checkbox"/> Some college <input type="checkbox"/> AA/AS Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Master's Degree or Above	

Teacher Recommendations: *are useful for considering students for admission to the AVID program

1. Does this student seem to have college potential?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always	
2. Does this student display good classroom work habits?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always	
3. Does this student practice good citizenship?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always	
4. Does this student work collaboratively with other students?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always	
Additional Comments:		
Name of Teacher (Please Print)	Signature of Teacher	Date
		/ /

1. Does this student seem to have college potential?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always	
2. Does this student display good classroom work habits?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always	
3. Does this student practice good citizenship?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always	
4. Does this student work collaboratively with other students?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always	
Additional Comments:		
Name of Teacher (Please Print)	Signature of Teacher	Date
		/ /

<p>If I qualify for AVID, I will do the following:</p> <ul style="list-style-type: none"> ● Enroll in rigorous coursework ● Maintain a successful grade point average ● Maintain satisfactory citizenship, attendance, and participation in all classes ● Maintain an organized AVID binder with a daily planner, assignments, and daily Cornell notes in all classes ● Complete all homework assignments and commit to at least two hours of homework every night <p>I agree to accept enrollment into the AVID elective class, which will offer academic support. I want to succeed, and I understand that I must take individual responsibility for my own success. I am committing to remaining in the AVID program for my high school career at North Salinas High School, and that I will be allowed to remain in the program only if I meet the responsibilities outlined above. Students who opt out of the AVID elective may not be able to get back into the program in subsequent years.</p>		
Student Signature _____	Parent/Guardian Signature _____	Date ___/___/___

