



AVID Application

7th/8th/9th Grade AVID Elective Class



Mukilteo School District

STUDENT: Please complete this application to be considered for enrollment in the AVID Elective class. Return the completed application to your school guidance counselor. You will need to get 2 teacher recommendations completed as well which are attached to this application. Final acceptance will be determined upon completion of an interview.

Name: _____	Student ID: _____
Current School: _____	Current Grade: _____
School you will be attending next year: _____	
Parent/Guardian Name: _____	
Address: _____	
Parent Phone: _____	Student Phone: _____

Have you been previously enrolled in the AVID elective either in Mukilteo or another school district ?

_____ Yes _____ No School District: _____

Circle the grades you have been enrolled in the AVID Elective. 5 6 7 8

What is the highest level of education achieved by the student's parents?

Please mark the correct column	Parent #1	Parent #2
Unknown		
Did not graduate high school		
High school diploma or equivalent		
Completed some college or post-secondary training		
Completed 2 or 4 year college or post-secondary training		
Completed post-graduate education		

Ethnic background of student (mark all that apply)

- | | |
|-----------------------------------|--------------------------------------|
| ___ American Indian/Alaska Native | ___ Native Hawaiian/Pacific Islander |
| ___ Asian | ___ White |
| ___ Black/African American | ___ Multi-Racial |
| ___ Hispanic/Latino | ___ Decline to answer |

What language is spoken most frequently at home? _____

How would you describe your current grades?

_____ A's and B's _____ B's and C's _____ Mostly C's _____ D's and F's

Please indicate the number of school days you have missed this year. _____

Please indicate the number of discipline referrals you have received this year. _____

This information will help us identify students who best fit the AVID program. All information is confidential and will only be used by the AVID teachers for placement.

Please state any challenges or circumstances you and/or your family has faced. (Optional)

AVID is a system that prepares students for success in their college and/or career path.

Student Responsibilities:

- Maintain enrollment in rigorous academic classes which lead to 4-year college eligibility.
- Maintain satisfactory attendance and behavior in all classes.
- Maintain a binder with assignments, agendas/calendars, and daily notes from all classes.
- Complete all homework and dedicate at least 1-2 hours each night for homework and studying.

Student Commitment:

- I understand my responsibilities and would like to be considered for acceptance into the AVID elective class.
- If selected for AVID, I understand that I must commit to remaining enrolled in the AVID elective, and that I will be allowed to remain in the program only if I meet the standard responsibilities outlined above.
- If selected for AVID, I understand I will be required to maintain passing grades in all of my classes, always put forth my best effort, and be a role model in the school. This means discipline should not be a problem.

Student Signature: _____ **Date:** _____

Parent/Guardian Commitment:

- Parents/guardians agree to support their student in his/her path to college and/or career and to be an advocate for his/her success.
- Parents/guardians agree to attend at least one informational meeting about AVID.
- Parents/guardians will ensure that their child is studying at least 1-2 hours after school and keeping an organized binder and planner.

Parent/Guardian Signature: _____ **Date:** _____

Note: Parent/guardian signature is to indicate a review of this application and is not automatic enrollment of the student into the AVID elective class .

Please answer the following questions in complete sentences. You may attach a separate sheet if necessary.

What do you like most about school? What do you think is your strongest subject and why?

Describe what is most difficult or challenging for you in school.

What do you think you need in school to help you be successful in your classes?

Describe your study habits at school and at home, including study times, places, and people who help you with your work.

Is your preference to work independently or with others in a group and why?

What activities are you involved in at school and/or the community?

Where do you see yourself after high school? What kind of career are you interested in? Do you dream of going to college?

Why do you want to be selected for the AVID elective class?

I agree that I have answered all of the questions truthfully and in my own words.

Student Signature: _____ **Date:** _____



Teacher Recommendation for AVID Elective

Teacher: Please keep this form and do not return to student. Forms should be returned to Kessler's box in the staff lounge. Thanks for your help!

Student: Please give this paper to a teacher of your choice for a recommendation. The teacher WILL NOT return the paper to you. They will turn it into Mrs. Kessler's box. Please complete the sections below:

Student Name: _____

Teacher Name: _____

Date: _____

Current Grade Level: _____

To be completed by the teacher and returned to Mrs. Kessler

Please rate the student on a scale of 1 – 5. (5 = excellent, 4 = very good, 3 = average, 2 = some difficulty, 1=not a strength.)

General Behavior _____

Organizational Skills _____

Turning work in on time _____

Willing to Accept Support _____

Ability to do Honor Work with Extra Support _____

School Attendance _____

Internal Motivation _____

Writing Skills _____

Ability to Work with Other Students _____

Please give us any other comments you think would help the committee decide whether to interview this candidate or not.



Teacher Recommendation for AVID Elective

Teacher: Please keep this form and do not return to student. Forms should be returned to Kessler's box in the staff lounge. Thanks for your help!

Student: Please give this paper to a teacher of your choice for a recommendation. The teacher WILL NOT return the paper to you. They will turn it into Mrs. Kessler's box. Please complete the sections below:

Student Name: _____

Teacher Name: _____

Date: _____

Current Grade Level: _____

To be completed by the teacher and returned to Mrs. Kessler

Please rate the student on a scale of 1 – 5. (5 = excellent, 4 = very good, 3 = average, 2 = some difficulty, 1=not a strength.)

General Behavior _____

Organizational Skills _____

Turning work in on time _____

Willing to Accept Support _____

Ability to do Honor Work with Extra Support _____

School Attendance _____

Internal Motivation _____

Writing Skills _____

Ability to Work with Other Students _____

Please give us any other comments you think would help the committee decide whether to interview this candidate or not.
