

2013-2014 AVID Application



Name: _____
Last First M.I.

Address: _____ City: _____ Zip: _____

Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Birth Date: ____/____/____ Sex: (Circle) M F

Students Responses

Please type up your responses to the questions below. Please limit the response to each question to 100 words or less.

- Why would you like to be considered for the AVID program?
- What are your post-high school plans?
- What is your proudest academic accomplishment?

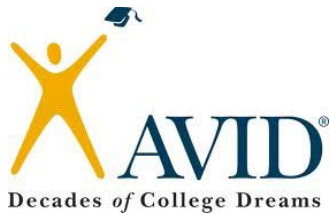
Please ask **one** teacher to fill out the recommendation form and **submit your completed application by Thursday, April 25th** to Mrs. Hanley in Student Services. We will contact candidates for an interview the week of April 29th. For more information, please email a member of the AVID team.

Mr. Farley farland@sdmfschools.org
Ms. Koser kosesar@sdmfschools.org

Mrs. Hanley hanlimg@sdmfschools.org
Ms. Thomas thomsuz@sdmfschools.org

Student Signature

Parent Signature



AVID Application Teacher Recommendation



Student: _____

Teacher: _____

A student in one of your classes has been recommended for placement in the AVID (Advancement via Individual Determination) program. This is an elective course designed primarily for students who have college potential. We would appreciate it if you would take a few minutes to answer the following questions to help us determine an appropriate placement for the student.

Please fill out this form, seal it in the attached envelope, and return it to the student. The applications are due by April 25th.

Thank you,

The MFHS AVID Team

Never Sometimes Always

Do you believe this student needs the support of the AVID class? _____ _____ _____

Does this student seem to have college potential? _____ _____ _____

Does this student display good classroom work habits? _____ _____ _____

Does this student practice good citizenship? _____ _____ _____

Does this student have an acceptable attendance record? _____ _____ _____

Other Comments

