



AVID Program Application

Decatur High School



Today's Date: _____

School Year: _____

Student Information:

Name: _____

Home/Cell Number: _____

Birthday: _____ Gender: Male Female

Email: _____

Ethnic Background (Mark all that apply.)

African American

Hispanic/Latino

American Indian/Alaska Native

White/non-Hispanic

Asian

Multi-racial

Pacific Islander

Filipino

Other: _____

How many years have you been in AVID? (Circle one)

0 1 2 3 more than 3

Current math course title: _____

Current grades: English _____ History _____
Math _____ Science _____

Parent/Family Information:

Name: _____

Home/Cell Number: _____

Relationship to Student: _____

Email: _____

Parent/Guardian's Highest Educational Level:

Did not graduate high school

Graduated college

Graduated high school

Post Graduate Education

Completed some college

Student Responses:

Please answer the following questions in complete sentences with thoughtful responses (more questions on the back of the page):

1. What do you know about AVID?

2. Why are you applying for AVID?

3. What personal strengths will you bring to an AVID elective class? (see attached AVID agreement for ideas)
4. What are some areas you hope AVID will help you develop? (see attached AVID agreement for ideas)

Please read and sign the attached Agreement for enrollment in AVID and submit it with this application. For more information, please contact *Estefanie Lobo* at (253)945-5308 or at elobo@fwps.org.

Thank you!

Agreement Statements

I _____ and _____ agree to the following:
Students name Parents name

- *I agree to enroll in the AVID class for the entire upcoming academic years.*
- *I agree to take notes in all my core subject areas as required by 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 visitations, 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 and talk to my AVID teacher or academic including AVID.*
- *I agree to ask for help and talk to my AVID teacher or academic advisor, if necessary.*
- *I agree to keep a positive attitude and be enthusiastic about preparing for college.*
- *We agree that parent participation is an essential part of student success.*

Student's Signature Date

Parent's Signature Date

****APPLICATION DUE TO ESTEFANIE LOBO****