



**Student Information**

Applicant Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address* *Apartment/Unit #*

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*City* *State* *ZIP Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Current School: \_\_\_\_\_

**Education and Family Information**

Father's Highest Level of Education	Mother's Highest Level of Education	Older Siblings Highest Level of Education	Relatives in AVID Program	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Advanced Degree	<input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Advanced Degree	<input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Advanced Degree	Relation to Applicant	Location of AVID program

Current Grades (You may also attach a course transcript):

Class:	Grade:	Class:	Grade:
Class:	Grade:	Class:	Grade:
Class:	Grade:	Class:	Grade:
Class:	Grade:	Class:	Grade:

Please circle the appropriate description:

Two parent household

Single Parent household

Are you willing to take AVID all year as one of your electives? \_\_\_\_\_

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

### Terms of Agreement

By signing below you...

- Agree to help support your child in his/her attempt to pursue the dream of going to college;
- Are willing to support your child as they take advanced courses;
- Are able to attend at least one informational meeting about AVID;
- Can help to ensure that your child is studying at least 1 hour per school night.

Parent/Guardian Signature: \_\_\_\_\_

As an AVID student you must pursue enrollment in rigorous and challenging curriculum by taking advanced courses, including Honors and AP, every year of high school. You will also be required to maintain passing grades, to always put forth your best effort to be a role model at \_\_\_\_\_ High School. As a member of the AVID program you are willing to help other AVID students to achieve the same goals that you share. By signing below, you agree to these expectations.

Student Signature: \_\_\_\_\_

**RETURN THE COMPLETED APPLICATION TO YOUR SCHOOLS' AVID COORDINATOR, COUNSELOR OR THE POINCIANA HIGH SCHOOL FRONT OFFICE BY MARCH 1, 2016.**