Osceola County School District
Poinciana High School
Advancement Via Individual Determination
2020 - 2021 Program Application

Student Information

Student Name: ____________________________  Student ID: ____________________

Current School: _____________________________________________________________

Current Grade: __________  Gender: ______________  Ethnicity: ____________________

Parent/Guardian: _____________________________________________________________

Address:

Street Address

City  State  Zip Code

Home Phone: ____________________________  Alternate Phone: ____________________

Parent Email: ____________________________  Language Spoken at Home: ______________

Education and Family Information

<table>
<thead>
<tr>
<th>Father's Highest Level of Education</th>
<th>Mother's Highest Level of Education</th>
<th>Older Siblings Highest Level of Education</th>
<th>Relatives in AVID Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ High School</td>
<td>□ High School</td>
<td>□ High School</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>□ Some College</td>
<td>□ Some College</td>
<td>□ Some College</td>
<td>School:</td>
</tr>
<tr>
<td>□ College Graduate</td>
<td>□ College Graduate</td>
<td>□ College Graduate</td>
<td></td>
</tr>
<tr>
<td>□ Advanced Degree</td>
<td>□ Advanced Degree</td>
<td>□ Advanced Degree</td>
<td></td>
</tr>
</tbody>
</table>

Current Grades (You may also attach a grade printout from FOCUS):

<table>
<thead>
<tr>
<th>Subject</th>
<th>Grade</th>
<th>Subject</th>
<th>Grade</th>
<th>Subject</th>
<th>Grade</th>
<th>Subject</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please check the appropriate description:

□ Two parent household  □ Single Parent household  □ Other __________________________

□ Free/Reduced Lunch

Have you had any disciplinary referrals within the past academic year? □ Yes □ No

Are you willing to take AVID all year as one of your electives? □ Yes □ No

Do you and your parents understand that parent participation is an essential part of your success and the success of the AVID program? □ Yes □ No

RETURN THE COMPLETED APPLICATION TO YOUR SCHOOL’S AVID COORDINATOR OR FRONT OFFICE
Terms of Agreement

By signing below you…

☐ Agree to help support your child in his/her attempt to pursue their 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 advanced or honors, throughout each year of middle/high school. You will also be required to maintain passing grades and always put forth your best effort to be a role model within your school. As a member of the AVID program you are willing to help other AVID students achieve the same goals that you share. By signing below, you agree to these expectations.

Student Signature: ___________________________________________________

AVID Questionnaire

1. What is something in your academic or personal life that you have accomplished that you are proud of?

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

2. On a scale of 1-5, with 1 being the lowest and 5 being the highest, rank your strengths and weaknesses in following areas:

_____ Writing    _____ Inquiry    _____ Collaboration    _____ Organization    _____ Reading

3. What qualities do you possess that make you the best candidate for the AVID program?

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________
Student Information

Students, please fill out the “Student Information” section before submitting this page only to a teacher willing and able to provide an academic recommendation for your acceptance into the AVID program.

Student Name: ___________________________________________ Student ID: __________________

Current School: ________________________________________ Current Grade: _______________

Teacher: ____________________________________________________________

Reference Information

Teachers, please fill out the following information and submit this form directly to the AVID Coordinator. If you are from another school please place the form in the district courier service to the receiving school.

<table>
<thead>
<tr>
<th>Rank the student on a scale of 1-5 (5 being the highest)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citizenship and Behavior in ___________ class.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive Attitude</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College-Bound with AVID Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Ethic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation &amp; Desire to Succeed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Recommendation for AVID</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FSA Math Score __________ FSA Reading Score __________

Reason for recommendation or additional information to support recommendation:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Signature ___________________________________________ Date _____________

RETURN THE COMPLETED APPLICATION TO YOUR SCHOOL’S AVID COORDINATOR OR FRONT OFFICE