

Student Application Due: February 15th

### Student/Parent Application 6th Grade

My student and I are interested in participating in the AVID college preparatory program.

Student's Name (please	print):		
Current Grade:		SAUSD ID:	
Home Phone #:		Other Phone #:	·····
Address:			
Parent/Guardian Name	(please print):		
Parent email:		Student email:	
Current School:			
Fundamental on or b student's most recent g	form to Mrs. M efore February, grades. Please fo	Parent/Guardian Signature  anske the AVID Coordinator at 15th. Applications must includ bllow up with your teacher regar	MacArthur le a copy of the rding the teacher
recommend	lation. Incompl	ete applications will not be revie e student. Attach additional pages	ewed.
What have you heard	•	1 0	ii necessary
2. Why do you want to	be in the AVID pro	gram?	



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3.	Has anyone in your immediate family attended college? Explain.
4.	Why do you want to go to college? What possible careers interest you?
5.	What do you think is your strongest academic area? Explain.
6.	Which academic area is most challenging? What do you do to better understand the information?
7.	Have you participated in any extracurricular or volunteer activities? Are you interested in any extracurricular activities next year (such as clubs, sports, drama, band, etc)? If yes, please list.



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8.	How do you hope AVID will impact your education? What AVID skills do you think will benefit you? (examples: organization, note-taking strategies, public speaking, tutoring with certain subjects)
9.	How would your best friend describe you? Why?
10.	How often are you absent from or tardy to class? Explain.
11.	Describe a time that you faced a conflict in the past. How was it resolved?
wo	Attach a copy of your most recent report card or grades. Explain any grades/scores that you uld like, especially low grades/scores. <i>You must submit grades for your application to considered.</i>



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#### **Supplemental Student Information**

This information will assist us in identifying possible candidates who best fit the AVID profile. Please complete the following questionnaire. This information is confidential and will only be used by the AVID site team for placement.

Students who wish to be considered for the AVID Elective class must return this form with the AVID Application by March 2nd.

Curre	ent Grade:	SAUSD ID:
Pa	arent/Guardian's Highest Education Level	
	Grade School	
	Completed some High School	
	Graduated High School	
	Completed some College	
	Graduated from a 2-year college or trade s	chool
	Graduated from a 4-year college	
	Post Graduate Education	
E:	thnic Background (Mark all that apply)	
	Hispanic/Latino	
	African American	
	American Indian/Alaska Native	
	Asian	
	Pacific Islander	
	Filipino	
	White/non-Hispanic	
	Multi-racial	
	Other:	
	Decline to state	
St	cudent Gender	
	Male	
	Female	
τ.	hat languages other than English do you spe	ala at la anca?

Please record any challenges or circumstances that you have faced (optional)



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#### To the Potential AVID Student:

Write your name on this form and give it to your **current** teacher. One recommendation is required to be considered for the program. Please follow up with your teacher to make sure they have submitted it.

#### Evaluation due by February 22nd.

Dear Teacher:

The following student is applying for the AVID Elective course at MacArthur Fundamental. AVID (Advancement via Individual Determination) prepares students for the rigors of college preparatory classes by providing study and organization skills, as well as tutorial help from college mentors. As we prepare to interview candidates, we are gathering as much information as possible about prospective students. Please rate the student based on your perception of the student's ability to be successful in the AVID Elective. **AVID is designed for students who have a GPA of 2.0-3.5, a desire to go to college, and a willingness to work hard.** Please return this form to Mrs. Manske, AVID Coordinator, at MacArthur Fundamental by February 22<sup>nd</sup>.

Thank You!
Name of Student:
Current School & Grade Level:
Recommending Teacher's Name:
Recommending Teacher's Signature:
Recommending Teacher's Subject Taught:

#### Please rate the student in the following categories.

	Never	Sometimes	Often	Most of the time	Always	Not Observed
Class work	1	2	3	4	5	N/A
Completion						
Homework	1	2	3	4	5	N/A
Completion						
Self-Motivation	1	2	3	4	5	N/A
Self-Disciplined	1	2	3	4	5	N/A
Responsible	1	2	3	4	5	N/A
Determined to	1	2	3	4	5	N/A
Succeed						
Effort	1	2	3	4	5	N/A
Organizational Skills	1	2	3	4	5	N/A
Class Participation	1	2	3	4	5	N/A
Positive Attitude	1	2	3	4	5	N/A
Peer Relationships	1	2	3	4	5	N/A
Classroom Behavior	1	2	3	4	5	N/A
Attendance and	1	2	3	4	5	N/A
Punctual						·



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dditional feedback requested on the reverse side.
Please give us feedback in the following areas:
• What are the strengths of this student?
• What are areas of concern you may have for this student?
• Do you think this student is a good fit for the AVID program? Why or why not?