



**Osceola County School District
Advancement Via Individual Determination
2018-2019 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

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"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No Relation: School:

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

Subject:	Grade:	Subject:	Grade:
Subject:	Grade:	Subject:	Grade:
Subject:	Grade:	Subject:	Grade:
Subject:	Grade:	Subject:	Grade:

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?



**Osceola County School District
Advancement Via Individual Determination
2018-2019 Program References**

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.

Rank the student on a scale of 1-5 (5 being the highest)	1	2	3	4	5
Citizenship and Behavior in _____ class.					
Positive Attitude					
College-Bound with AVID Support					
Work Ethic					
Motivation & Desire to Succeed					
Overall Recommendation for AVID					

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