



**St. Cloud High School  
Advancement Via Individual Determination  
2022-2023 Program Application**

**Student Information**

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

Current School: \_\_\_\_\_ School Applying to \_\_\_\_\_

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<br><input type="checkbox"/> Some College<br><input type="checkbox"/> College Graduate<br><input type="checkbox"/> Advanced Degree | <input type="checkbox"/> High School<br><input type="checkbox"/> Some College<br><input type="checkbox"/> College Graduate<br><input type="checkbox"/> Advanced Degree | <input type="checkbox"/> High School<br><input type="checkbox"/> Some College<br><input type="checkbox"/> College Graduate<br><input type="checkbox"/> Advanced Degree | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Relation:<br>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 and participate in group tutorials in class on Tuesdays and Thursdays?  Yes    No

Do you and your parents/guardians understand that their support is an essential part of your success and the success of the AVID program?  Yes    No

**RETURN THE COMPLETED APPLICATION TO YOUR AVID TEACHER OR  
JAMIE DOMRES AT ST. CLOUD HIGH SCHOOL**

**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 every 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 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?

---



---



---



---

**RETURN THE COMPLETED APPLICATION TO YOUR AVID TEACHER OR  
JAMIE DOMRES AT ST. CLOUD HIGH SCHOOL**



**Osceola County School District  
Advancement Via Individual Determination  
2022-2023 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.**

| <b>Rank the student on a scale of 1-5 (5 being the highest)</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
|---|----------|----------|----------|----------|----------|
| 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 AVID TEACHER OR  
JAMIE DOMRES AT ST. CLOUD HIGH SCHOOL**