



Student Application

AVID: Advancement Via Individual Determination

Student's name (Please
Print) _____

Parent/Guardian Name (Please
Print) _____

Address _____

Phone
Number _____

1. Did your parents complete at least two years of college? ____yes
____no
2. Do you have internet at home? ____yes ____no
3. Who do you live with? ____mom ____dad ____
4. both mom & dad ____ other _____
5. How many children, including you, are in your family? _____
6. What is your race or ethnicity? ____White ____Pacific Islander
____Latino ____Black ____Asian ____Native American
____Other

As an AVID student you will be required to maintain passing grades, to always put forth your best effort, and to be a role model in the school. This means discipline should not be a problem. Are you willing to follow these guidelines?
Yes No

Student Signature:

Date: _____

As a parent or guardian it is very important for you to support your child in his or her attempt to pursue the dream of going to college. Will you be able to attend at least one information meeting about AVID? Yes No

If you authorize your child to participate in the AVID program please sign below.

Parent/Guardian Signature: _____

Date: _____

If you have questions please contact Angelita Miller 503-431-5435
amiller@ttsd.k12.or.us

Explain what you like most about school.

