



_____ Date

Name of School _____ School Year _____

Student Name _____ Birthdate _____

Parent's Name _____

Address _____ St _____ Zip _____

Home Phone _____ Work Phone _____ Mobile _____

If AVID® is possibly the ONLY elective that you can take all year, is this okay? (check one) 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? (check one) Yes No

Please read and sign the Terms of Agreement for Enrollment in AVID and submit with this application.

For more information, please call _____ at _____

SCHOOL DESIGNEE

PHONE NUMBER

Thank you!

- I agree to enroll in the AVID® class for the entire academic year.
- I agree to take notes in all my core subject areas as required in AVID®.
- I agree to keep my binder organized as required by AVID®.
- I agree to maintain good attendance and be punctual for all my classes.
- I agree to participate fully in tutorials as required by AVID®.
- I agree to participate in field trips, college visitation and other AVID® activities.
- I agree to keep my parents fully informed of AVID® program activities.
- I agree to complete all my assignments in all classes including AVID®.
- I agree to ask for help, talk to my AVID® teacher or counselor if necessary.
- I agree to keep a positive attitude and be enthusiastic about preparing for college.

 STUDENT'S SIGNATURE

 PARENT'S SIGNATURE

APPLICATION DUE TO _____ By _____

SCHOOL DESIGNEE

DAY & DATE

PHYSICAL ADDRESS: APS Secondary Design 6400 Uptown Blvd. NE Ste 510 West Albuquerque, NM 87110 Phone 884-9568 x4

MAILING ADDRESS: APS Secondary Design P. O. Box 25704 Albuquerque, NM 87125-0704

Celebrate the 8 essential goals toward better education for the Albuquerque community!

White copy = School Yellow copy = Teacher Pink copy = Parent