

## **AVID Elective Application**



**Student:** Please complete the following application to be considered for the AVID elective. Please return your completed application to the AVID Coordinator at your school. Final acceptance will be determined upon completion of an interview. (Please use blue or black ink)

Name: Last	First	Student I.D.#
Last	riist	Student 1.D.#
Address:		
Number and Street	City, State, Zip Code	
Parent/Guardian's Name:	Phone:	
The following information will assist information is confidential and will		
1. Parent/Guardian's Educational Parent/Guardian:	Level (Indicate which parent/gua	rdian)
☐ Did not graduate high school	☐ High School Diploma/GED	☐ Associate's Degree
☐ Bachelor's Degree	☐ Master's Degree	☐ Professional Degree
Parent/Guardian:		
☐ Did not graduate high school	☐ High School Diploma/GED	☐ Associate's Degree
☐ Bachelor's Degree	☐ Master's Degree	☐ Professional Degree
2. Ethnic Background (Mark all tl	hat apply.)	
☐ African American	☐ Hispanic/ Latino	☐ White/ non-Hispanic
☐ American Indian/ Alaska Native	☐ Pacific Islander	☐ Filipino
☐ Asian	☐ Multi-racial	☐ Other:
3. Student gender ☐ Female	□ Male	
4 Additional Information: Please	record any special considerations	that we should know.

**Academic Honors:** 

Briefly describe any scholastic distinctions or honors you have earned beginning with the sixth grade.



