



PUSD AVID Application

AVID (Advancement via Individual Determination) is a four-year, elective class offered to students who would like to prepare for entrance into a four-year university. The curriculum features writing, inquiry, collaboration, reading, note-taking, study skills and college/career activities. College students are in the classroom as tutors three times a week and field trips are taken to universities. Students must commit to taking notes in classes on a daily basis. Criteria taken into consideration for all applicants include: GPA, interview, citizenship, attendance, state test scores, and recommendations.

PARENTS: Please have your student fill out the application and print in ink.

Student Name: _____ Parent/Guardian's Name(s): _____

Current Grade Level: _____ Date of application: _____

Home address: _____ Home Phone: _____

Work Phone: _____

Parent/Guardian's E-mail address: _____ Cell Phone: _____

School attended for Middle School: _____ Current GPA without PE: _____

1. What is your ethnic background?

- | | | |
|--------------------------------|-----------------------------|------------------------|
| _____ Indian/Native-American | _____ Filipino | _____ Korean-American |
| _____ Black/African-American | _____ Chinese-American | _____ Pacific Islander |
| _____ Chicano/Mexican-American | _____ East Indian/Pakistani | _____ White/Caucasian |
| _____ Latino/Spanish-American | _____ Japanese-American | _____ Other: _____ |

2. Besides English, do you speak another language? Yes _____ No _____ If yes, what? _____

3. Parental Status (circle one): Married Divorced Separated Single Widower I do not live with my parents.

4. What is their highest level of education? Father/Guardian _____ Mother/Guardian _____

- A. Did Not Graduate High School
- B. High School Graduate
- C. Some College or AA/AS Degree
- D. BA/BS Degree
- E. MA/MS Degree, Professional Degree and/or PhD

5. Will you be the first in your family to attend college? Yes _____ No _____

6. Will you be the first in your family to graduate from a four-year university? Yes _____ No _____

7. What are your career goals? _____

8. Have you ever been enrolled in AVID before? Yes _____ No _____ If yes, where? _____

9. Are you willing to work hard to succeed in your classes? Yes _____ No _____

10. Are you willing to take summer classes to get ahead or improve (if available)? Yes _____ No _____

11. Do you take initiative and personal responsibility in your classes? Yes _____ No _____

12. Are you willing to be a school leader and be involved in the AVID Program? Yes _____ No _____

13. Are you willing to make a commitment to the AVID Program? Yes _____ No _____

14. What activities are you involved in at school and in the community? _____

15. Do you have difficulty completing all your homework on a regular basis? Yes _____ No _____

If yes, explain why. _____

16. How do you overcome academic challenges? _____

17. Explain why you believe you are a good candidate for AVID. _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

Deliver this application to the AVID Coordinator at (Circle One):

Del Norte HS Mt. Carmel HS Poway HS Rancho Bernardo HS Westview HS



PUSD AVID Letter of Recommendation: English Teacher



STUDENT and PARENT: Fill out the boxed information only, then give to your English teacher to finish.

OPTIONAL WAIVER: Under the provision of the Family Education Rights and Privacy Act of 1974, you have the right to see what is written on your behalf. By indicating on the blank form that you do not wish to waive your right of access, you may view the letter at any time. However, the recommender will be aware of this and will write accordingly. By indicating that you waive your right of access, you allow your recommender to be more candid.

I, _____, wish to waive my right of access to the letter of recommendation and the material recorded on the recommendation form.

I, _____, *do not* wish to waive my right of access to the letter of recommendation and the material recorded on the recommendation form.

Student Signature: _____

Parent Signature: _____ English Teacher's Name: _____

What is AVID?

- Targets students who would be the first in their family to graduate from a university.
- Targets students that are capable of completing a college prep path.
- An in-school academic class that prepares students for college eligibility and success.
- Places motivated students in advanced classes and provides support with tutoring.
- Stands for Advancement Via Individual Determination.

What AVID isn't...

- A remedial program.
- A free ride.
- A niche program.
- A college outreach program.

TEACHER: Please rate the student to the best of your knowledge. Your honest information will help to determine the future success of this student in the AVID program. Thank you for your time.

Attribute	Poor	Fair	Good	Exceptional (Top 10%)	No Basis for Judgment
Personal Character					
Capability of handling obstacles					
Personal initiative & responsibility					
Completes homework on time					
Participation in class					
Relationship to peers					
Personal motivational level					

Any other comments about their character, work/study habits, family background, home life, leadership...

School Name: _____ Phone or E-mail: _____

Teacher Signature: _____ Date: _____

Deliver this application to the AVID Coordinator at (Circle One):

Del Norte HS

Mt. Carmel HS

Poway HS

Rancho Bernardo HS

Westview HS



PUSD AVID Letter of Recommendation: Math Teacher



STUDENT and PARENT: Fill out the boxed information only, then give to your Math teacher to finish.

OPTIONAL WAIVER: Under the provision of the Family Education Rights and Privacy Act of 1974, you have the right to see what is written on your behalf. By indicating on the blank form that you do not wish to waive your right of access, you may view the letter at any time. However, the recommender will be aware of this and will write accordingly. By indicating that you waive your right of access, you allow your recommender to be more candid.

I, _____, wish to waive my right of access to the letter of recommendation and the material recorded on the recommendation form.

I, _____, *do not* wish to waive my right of access to the letter of recommendation and the material recorded on the recommendation form.

Student Signature: _____

Parent Signature: _____ Math Teacher's Name: _____

What is AVID?

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TEACHER: Please rate the student to the best of your knowledge. Your honest information will help to determine the future success of this student in the AVID program. Thank you for your time.

Attribute	Poor	Fair	Good	Exceptional (Top 10%)	No Basis for Judgment
Personal Character					
Capability of handling obstacles					
Personal initiative & responsibility					
Completes homework on time					
Participation in class					
Relationship to peers					
Personal motivational level					

What math class did you recommend this student for next year? _____

Any other comments about their character, work/study habits, family background, home life, leadership...

School Name: _____ Phone or E-mail: _____

Teacher Signature: _____ Date: _____

Deliver this application to the AVID Coordinator at (Circle One):

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