

Baird Middle School AVID APPLICATION

Please complete the following application in order to be considered as a member of the AVID elective program at Baird Middle School. This application will be used in the selection process.

Final acceptance will be determined upon completion of an interview.

Name:				ID Number:		
_	(Last)		(First)			
Phone: _			_ Parent or Guardia	an's Name:		
	• Curre	nt GPA:				
	• The a	The academic class that I enjoy the most:				
	• The a	cademic class	that I have the most	difficulty in:		
	(Chec		ent's/Guardian's Educ arent/guardian with	cation Level highest level of education)		
			Graduate School/po	oost grad training		
			Graduated from a 4	4 year college		
			Completed some co	ollege		
			Graduated from hig	gh school		
			Completed some hi	igh school		
			Other			
			Decline to state/do	o not know		

Please complete the information on the back as well.



Academic/School Honors: (Must be filled out by the student Briefly describe any awards or honors you have	
Extracurricular, Personal, and Volunteer Activ Please list some activities that you do outside of family activities, hobbies, musical instruments, should know about.	of class-time. Include community activities,
The AVID program is for students who are high to college after high school. Students admitted will be held to a high academic standard. AVID	the AVID Program Ily motivated to succeed in school and want to go I to this program will have a contract to sign and I students will also be given support in the form of practices, reading and writing strategies, team- reness activities.
I have read the description of the AVID program a	nd would like to participate.
Student Signature:	Date:
I have read the description of the AVID program a support my student in his/her participation of the	nd would like my student to participate. I will fully AVID program.
Parent Signature:	Date: