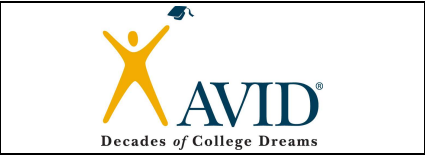


DUE WEDNESDAY FEBRUARY 20th



Buford Middle School
AVID program application



Parent/Guardian Information

Parent/Guardian name(s): _____

Relationship to student: _____

Address (with zip code): _____

Parent/Guardian phone number(s):

Home _____

Mobile _____

Work _____

What is the best time to reach you, and at what number? _____

Do you have a working computer at home? Yes No

Do you have internet access at home? Yes No

Do you have an active e-mail account? Yes No

If yes, your e-mail address: _____

Level of Education Completed: (Check one)

Mother: High School Some college BA MA Other: _____

Father: High School Some college BA MA Other: _____

Briefly explain why you would like your child to be accepted into the AVID program at Buford Middle School:

By signing below you are indicating that you have read the attached AVID information sheet, understand, and agree with the expectations and requirements of the program.

Parent/Guardian Signature

Date

DUE WEDNESDAY FEBRUARY 20th

	Buford Middle School AVID program application	
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Student Name _____ Grade _____ Date of Application _____

Current grades:

English Language Arts: _____ Mathematics: _____ Science: _____
Social Studies: _____ Elective #1: _____ Elective #2: _____

Student Section

Check any of the following categories that you would like or could use classroom instruction or general support in:

- | | | | |
|---------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Organization | <input type="checkbox"/> Reading Strategies | <input type="checkbox"/> Goal Setting | <input type="checkbox"/> Time Management |
| <input type="checkbox"/> Note Taking | <input type="checkbox"/> Writing | <input type="checkbox"/> Vocabulary | <input type="checkbox"/> Attention/Focus |
| <input type="checkbox"/> Test Taking | <input type="checkbox"/> Research Strategies | <input type="checkbox"/> Math Skills | <input type="checkbox"/> Motivation |

Briefly explain why you would like to be accepted into the AVID program at Buford Middle School:

Briefly explain why you would like to attend college:

List any sports, clubs, or extra-curricular activities you participate in:

By signing below you are indicating that you have read the attached AVID information sheet, understand, and agree with the expectations and requirements of the program.

Students Signature

Date