LINCOLN RAILS ACADEMY APPLICATION FOR AVID 2014

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| Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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| Please read and sign the Terms of Agreement for Enrollment in AVID and submit with this application. For more information, please call Scott Voogd at 242-7500 or email to scott.voogd@dmschools.org | |
| Be sure to fill out the back of this application in its entirety for consideration. | |
| Thank you!  **I agree to participate in all AVID activities to succeed in school and in the AVID program.** | |
| **I agree to enroll in the AVID class for the entire 9th grade 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.** | |
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| (Student’s Signature) (Parent’s signature) | |
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| APPLICATION DUE Wednesday January 15th, 2014 to your school counselor OR at the AVID session during Lincoln Info Night | |
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**AVID – Advancement Via Individual Determination**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Why do you want to be an AVID student?
2. AVID is a program that helps prepare students for college who may not make it on their own. What obstacles do you see in not being able to attend college?
3. What skills or traits do you have that will help contribute to the learning community?
4. The ID in AVID stands for Individual Determination. What does “Individual Determination” mean to you?
5. List the name of at least one teacher who could speak to how you might succeed in AVID.