



Student ID Number: _____

SAMUEL JACKMAN MIDDLE SCHOOL

AVID APPLICATION

First Name _____ Last Name _____ Male _____ Female _____

(circle one)

Elementary School _____ Teacher _____

Home Address _____ Zip Code _____

Home Phone # _____ Cell/Work Phone # _____

Parent/Guardian Name _____

Parent/Guardian Email Address _____

PLEASE RESPOND TO THE FOLLOWING QUESTIONS

- My grades are: _____ All A's _____ A's and B's _____ B's
_____ B's and C's _____ C's _____ Below C's
- My attendance is _____ excellent _____ OK _____ Needs Improvement
- My behavior is _____ excellent _____ OK _____ Needs Improvement

PARAGRAPH REQUIREMENT:

- Write a paragraph (written neatly or typed) stating why you want to be in the AVID Program. Attach your paragraph to the application.

We understand the information in application regarding the AVID Program. The submission of this application does not constitute a final acceptance into the AVID Program.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Teacher Recommendation

_____ Highly Recommended

_____ Recommend w/ Reservation

_____ Do Not Recommended

Comments: _____

Teacher Signature: _____ Date: _____

TO BE COMPLETED BY 6TH GRADE TEACHER ONLY!

AVID Questionnaire
Samuel Jackman Middle School

1. What is your strongest academic area? What is your weakest academic area?
2. How much time do you spend doing homework?
3. How do you react if you have difficulty with a subject?
4. Do you enjoy working with a team or doing group projects? Why/why not?
5. What do you want to be or do when you grow up?
6. What subject do you think you might need help with in middle school?
7. What questions do you have about the AVID program?

Please check one box for the following questions:

Do you want to be in AVID?

Yes

No

Do you want to go to college?

Yes

No

Do your parents want you to go to college?

Yes

No

Did either of your parents go to college?

Yes, they both did

Yes, one did

No, neither of them went to college

One or both parents went to SOME college

Students: Return Application with paragraph to your 6th grade teacher.

Teachers: Please send to Samuel Jackman Middle School Attn: Mike Phillips/ AVID Coordinator by _____

(916) 393-2352 mcphilli@egusd.net