

## Reagan Educational Center: Reyburn 7<sup>th</sup> Grade AVID Application (Advancement Via Individual Determination)

AVID is an elective class offered to students who would like to prepare for four-year universities. The curriculum features writing, inquiry, collaboration, reading, note-taking and study skills, and college/career/motivational activities. The AVID class is an elective. Tutors will be in the classroom at least once per week, and field trips are taken to colleges and universities to better understand what higher education is like. Students must commit to taking notes in subject-area classes on a daily basis. Other requirements for applicants are satisfactory citizenship, good attendance, AP courses taken during the junior and senior years as well as meeting university acceptance requirements and a GPA of 2.0-3.5. For more information contact: Patricia Manghera, Reyburn AVID Coordinator at 327-4000 or via email at [patriciamanghera@cusd.com](mailto:patriciamanghera@cusd.com).

**\*\*APPLICATIONS MUST BE FILLED OUT AND RETURNED WITH YOUR REGISTRATION FORM\*\***

**Please Print in Ink**

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

ELEMENTARY SCHOOL: \_\_\_\_\_ GPA (For Semester 1 of 2017-2018): \_\_\_\_\_

**Semester 1 grades (for the 2017-2018 school year:**

Class :	Letter Grade:
Class :	Letter Grade:
Class :	Letter Grade:
Class :	Letter Grade:
Class :	Letter Grade:
Class :	Letter Grade:

Parent/Guardian Name(s): \_\_\_\_\_

Spring 2018 for the 2018-2019 School Year

Highest level of education completed by:

Mother/Guardian

- \_\_\_ Some High School
- \_\_\_ High School Graduate
- \_\_\_ Some College
- \_\_\_ College Graduate

Father/Guardian

- \_\_\_ Some High School
- \_\_\_ High School Graduate
- \_\_\_ Some College
- \_\_\_ College Graduate

### Student/Parent Commitment

If selected for the AVID program, I agree to:

- ◆ Maintain a minimum 2.5 academic GPA and “C” or better in all courses.
- ◆ In high school, take summer school in order to remain in the AVID program.
- ◆ Get involved in other activities to be a successful student.
- ◆ Commit to the AVID six-year study plan.
- ◆ Remain in the AVID program for a minimum of one full year.

I have read and understand the responsibilities as outlined.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

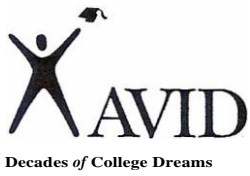
**Co-Curricular Activities:** Please list the co-curricular activities you are currently involved in and/or will be involved in for the upcoming school year.

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**Personal Statement:** In a detailed paragraph describe why you would like to be considered for the REC AVID program in the space provided below.

## Teacher Recommendation Form

**Student Name:** \_\_\_\_\_

The above student wishes to apply for the REC AVID program.

The mission of AVID is to ensure that all students, and most especially the least served students in the middle capable of completing a college preparatory path:

- will succeed in rigorous curriculum,
- will enter mainstream activities of the school,
- will increase their enrollment in four-year colleges, and
- will become educated and responsible participants and leaders in a democratic society.

Please respond to each category. Do you believe this student:

	No	Sometimes	Yes
1. needs the academic strategies the AVID class provides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. possesses the motivation to maximize his/her academic potential?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. would complete extra work to improve his/her performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. demonstrates good citizenship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. has an acceptable attendance record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the student's academic background, leadership qualities, maturity, motivation and, potential for Success in the AVID program. Why do you feel the AVID program can help this student?

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Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please place this recommendation in a sealed envelope with the student's name and return to Reyburn Intermediate to the attention of Patty Manghera, AVID Coordinator (grades 7-8).**