



Name _____

Date _____

Parent's Name _____

Birthdate _____

Address _____

Home Phone _____

Work Phone _____

Are you willing to take AVID all year as an elective? _____(Yes/No)

Do you and your parents understand that parent participation is an essential part of your success and the success of the program? _____(Yes/No)

What is the highest education level of your parents: Mother _____ Father _____

Please read and sign the Terms of Agreement for Enrollment in AVID and submit with this application. For more information, please contact Mrs. Caraker at tcaraker@pasco.k12.fl.us or (727) 246-3000.

Thank you!

I agree to enroll in the AVID class for the entire 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.

Student's Signature

Parent's signature