



17796 Industrial Circle NW ■ Elk River, MN 55380
Phone: 763-241-8703 ■ Fax: 763-633-1380
www.spectrumhighschool.org

AVID 7th grade Student Application

(Please Print)

Student Name: _____ Date: _____

Parent/Guardian Name: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

E-Mail Address: _____ Birthdate: _____

2018-2019 Class Grade 7

How many people live in your household? _____

Parent/Guardian's Highest Education Level

- Did not graduate high school
- Graduated high school
- Completed some college
- Graduated two-year college
- Graduated four-year college
- Post-graduate education

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Student Written Interview Questions:

1. What is your strongest subject area? _____
2. What is your weakest subject area? _____
3. What makes you want to be a part of AVID?

4. What three things help you learn best?

- a. _____
- b. _____
- c. _____

5. List three words your best friend would use to describe you.

- a. _____ b. _____ c. _____



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Student Terms of Agreement for Enrollment in AVID

- I agree to enroll in AVID for the **entire year**
- I agree to take notes in all core subjects as required by AVID
- I agree to keep my binder organized as required by AVID
- I agree to participate fully in tutorials as required by AVID
- I agree to participate in field trips, college visitations and other AVID 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 mentor if necessary
- I agree to keep a positive attitude and be enthusiastic about preparing for college
- I agree to maintain passing grades
- I agree to always put forth my best effort
- I agree to be a role model at Spectrum High School

I have read the above terms and by signing below I agree to follow these guidelines.

Student Signature _____

Parent Terms of Agreement for Enrollment in AVID

- I agree to support my child in his or her attempt to pursue the dream of going to college
- I agree to be an advocate for my child's success
- I agree to attend at least one information/parent support meeting regarding AVID
- I agree to help ensuring that my child is studying 1 to 2 hours after school per day
- I agree to help ensuring that my child is keeping an organized binder and planner

I have read the above terms and by signing below I agree to follow these guidelines.

Parent/Guardian Signature _____

TURN IN YOUR COMPLETED APPLICATION TO YOUR AVID TEACHER by Friday, February 24, 2017

Questions?

Contact KellyAnn Lockrem

AVID Site Coordinator

klockrem@spectrumhighschool.org