



17796 Industrial Circle NW ■ Elk River, MN 55330
Phone: 763-241-8703 ■ Fax: 763-693-1380
www.spectrumhighschool.org

AVID 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 _____

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:

Answer the following questions in complete sentences. They may be typed or neatly hand written. Be sure to address all components of the questions.

1. What makes you want to be a part of AVID? What do you feel AVID can do for you?
2. What are your strengths as a student? What do you need to improve in order to become the student you would like to be?
3. What areas of study do you think you will need extra support in to be successful? What are you willing to do to overcome any difficulties you may have in those areas?
4. What are your plans for your academic future? If they include college, why do you want to go to college?
5. In AVID you are expected to study more and take harder classes. How do you react if you have difficulty with a subject or concept? Are you willing to do extra work to assure your success? Give some examples of what extra things you are willing to do.
6. Please record any challenges or circumstances that you have faced (optional).

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 _____

Email, Fax, or Mail completed application to:

KellyAnn Lockrem
Spectrum High School AVID Site Coordinator
17796 Industrial Circle NW
Elk River, MN 55330
Phone: 763-450-9807 Fax: 763-450-9865
klockrem@spectrumhighschool.org

