AVID
Decades of College Dreams

AVID PROGRAM APPLICATION: PART II
Advancement Via Individual Determination

Name _____ Date _____

Home Phone _____ Other Contact Phone: _____

Parent or Guardian Name(s) _____

Parent or Guardian Email(s) _____

See your counselor or the office for the following information, if necessary:

Current Grades

Period	Class	Teacher	Current Grade

Current GPA _____

Number of Absences this School Year _____ Excused _____ Unexcused _____

Please write a paragraph on why you are interested in joining the Kalles AVID class.

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Student Signature _____ Parent Signature _____