



Castle Dome Middle School AVID Application

Name: _____ Grade next year: _____ School: _____

Parent name(s): _____

Phone numbers: (Home) _____ (Cell or Work) _____

Parent's e-mail: _____

Applicants:

1. Please answer essay questions in complete sentences on a separate sheet of paper.
2. Teacher recommendations from two core teachers (Science, Social Studies, Math, Language Arts) **(only for incoming 7th and 8th grade)**
3. Make sure your name is on all pages.
4. Staple this page to essay questions and teacher recommendations.

*****Essay questions: (Complete these questions) Hand written neatly**

1. Why do you wish to be in the AVID program?
 2. Why do you want to go college?
 3. Is there anyone in your family who has been to college? Who?
 4. What do you like most and least about school?
 5. How do you react if you have difficulty with a subject?
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Parents: By signing this application, I certify that my son/daughter has a minimum "C" average and I would like him/her to be enrolled in the AVID elective class.

Parent's/Guardian's signature _____ Date: _____

Student's Signature: _____ Date: _____

Please return completed application to Mrs. Reiffenberger in room 504

by _____.