***El Campo High School***

**AVID: Advancement Via Individual Determination**

**Application for 2018-2019**

**Student’s Name** (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name** (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Currently Attending** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Period Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Highest Level of Education** (Circle one for each parent.)

5 6 7 8 9 10 11 12

University/College/Technical School 1 2 3 4

Masters Doctorate

As a parent or guardian you must support your child in his or her attempt to pursue the dream of going to college and be an advocate for his or her success. Are you willing to attend at least one information meeting about AVID and help ensure that your child is studying 1 to 2 hours after school and keeping an organized binder and planner?

Yes No

**Parent/Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As an AVID student you will be required to maintain passing grades, to always put forth your best effort, and to be a role model in the school. This means discipline should not be a problem. Are you willing to follow these guidelines?

Yes No

**Student Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form via email to** **mhogg@ecisd.org** **or the ECHS Principal’s Office by APRIL 20, 2018. We will be conducting student interviews in May.**