

APPLICATION FOR AVID

Thousand Oaks High School
2017-2018

Name _____

Date _____

Parent's Name _____

Birthdate _____

Address

Home Phone _____

Work Phone _____

Are you willing to take AVID all year as your **ONLY** elective? _____

Do you and your parents understand that parent participation is an essential part of your success and the success of the program? _____

Please read and sign the Terms of Agreement for Enrollment in AVID and submit with this application. For more information, please call Kristi Hronek, Assistant Principal, TOHS at (805) 495-7491 ext. 1011.

Thank you!

I agree to enroll in the AVID class for the entire 9th grade academic year.

I agree to take notes in all my core subject areas as required in AVID

I agree to keep my binder organized as required by AVID.

I agree to maintain good attendance and be punctual for all my classes.

I agree to participate fully in tutorials as required by AVID.

I agree to participate in field trips, college visitation and other AVID activities.

I agree to keep my parents fully informed of AVID program 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 counselor if necessary.

I agree to keep a positive attitude and be enthusiastic about preparing for college.

(Student's Signature)

(Parent's signature)

APPLICATION DUE TO: TOHS, Counseling Office

BY: June 20th, 2017