AVID®

Advancement Via Individual Determination

Palm Springs Community Middle School

Student Legal Name (Last, First)	Student Number

Student Local Address (House number, Street Name, Apt Number, City, State Zip Code)

Best Parent Contact #

Student Gender: ☐ M ☐ F	Student Date of Birth (mm/dd/yy)	Student Place of Birth

Student Ethnic Origin (Must check Yes or No)

☐ **Yes,** Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

☐ **No,** not Hispanic or Latino

Student Race (must check at least one box- check all that apply)

☐ **American Indian or Alaskan Native- I** (origins in any of the original peoples of North or South America and who maintains tribal affliation or community attachment)

☐ **Asian-A** (origins in any of the original peoples of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

☐ **Black or African American-B** (origins in any of the black racial groups of Africa)

☐ **Native Hawaiian or Other Pacific Islander-H** (origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

☐ **White- W** (origins in any of the original peoples of Europe, Middle East, or North Africa)

Home Language   **Specify Language**

Is a language other than English used in the home? ☐ Yes ☐ No   _____

Does the student have a first language other than English? ☐ Yes ☐ No   _____

Does the student most frequently speak a language other than English? ☐ Yes ☐ No   _____

Previous Education Information Name of Last School Attended	Grade Level Last Year	Last Date Attended School

Educational Plan If applicable, check all that apply.

☐ **Individual Education Plan (IEP)**   ☐ **504 Plan**   ☐ **Other** (Please specify)

Educational Information

Total Absences for Last School Year: _____

Have you ever been enrolled in AVID (Circle all that apply)   6ᵗʰ   7ᵗʰ   8ᵗʰ

Student Residence Information   Indicate who the student lives with (check only one)

☐ Both Parents ☐ Mother ☐ Father ☐ Grandparent ☐ Foster Parent ☐ Other: _____

My child was eligible for Freed and Reduced Lunch Program for the previous school year:

☐ YES   ☐ NO   ☐ PREFER NOT TO SAY

Student Legal Name (Last, First)	Student ID #

Would the student applying for AVID be the first in the family to attend college/university?

☐ YES   ☐ NO

Parent/Guardian #1

Mother or Guardian Name (Last, First)	Cellphone Number
Address (If not the same as student)	
Email Address:	

Highest Level of Education: (circle one)

Middle School   High School 9th/10th/11th/12th   Some College, University, Technical School

Degree Earned: Associates, Bachelors, Masters, Doctorate

Parent/Guardian #2 (if applicable)

Father or Guardian Name (Last, First)	Cellphone Number
Address (If not the same as student)	
Email Address:	

Highest Level of Education: (circle one)

Middle School   High School 9th/10th/11th/12th   Some College, University, Technical School

Degree Earned: Associates, Bachelors, Masters, Doctorate

Read the following carefully. Check available appropriate boxes below statements and sign.

Notice of Technology Acceptable Use Policy for Students: Your child may have access at school for many school-related activities to certain District technology resources, including the Internet and the District's Intranet. Your child's school's access to the Internet is filtered to comply with the Children's Internet Protection Act and School Board Policy 8.125. Your child will be required to follow the acceptable use standards and guidelines that are stated in Policy 8.123, the referenced Manual, and the Notice of Conditions for Student Use of District Technology and be bound by their terms. There is only a limited expectation of privacy to the extent required by law related to a student's use of these technology resources. Before your child uses these District resources, he/she will read, be read to, and/or explained these documents and will electronically acknowledge that he/she understands, and agrees to follow, them.

You are invited to read this Policy, Manual and Notice. If you need assistance reading the documents, you may ask the school for assistance. The policy is available at: http://www.palmbeach.k12.fl.us/policies/ under chapter 8 --Policy 8.123.

Student Legal Name (Last, First)	Student ID #

Parental consent for release of student photograph and information: I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities and sport, weight and height of members of athletic teams, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, graduation programs, playbills, school productions, web sites, etc. and/or similar school or District sponsored publications or in school or District approved news media interviews, releases, articles, and photographs. I also provide permission for the release by the school or District to the media and governmental entities of my child's name, grade, school name and honors my child has received for public announcement of recognition of my student's accomplishments.

I understand that without checking the permission box my child's name and photograph cannot and will not be included in any publications or presentation, including a school yearbook.

☐ I give permission   ☐ I do not give permission

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

_____   _____

Parent/Guardian Signature   **Date**

AVID Written Interview

Following questions section should be answered by the student applying for AVID.
Explain what you like most about school.
Describe what is most challenging for you in school.
What have you done in the past when you have had trouble in class?
Do you dream of going to college? Why or why not?

How do you feel about working with others?

Why do you want to be in AVID?

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 school. This means discipline should not be a problem. By signing below, you are agreeing to follow these guidelines.

_____   _____

Student Signature   Date

_____   _____

Parent/Guardian Signature   Date