



Lee County School District

**AVID: Advancement Via Individual Determination
Application for 2020-2021**

Student's Name (Please print) _____

Parent/Guardian Name (Please print) _____

Address _____

Phone Number _____

Elementary School Currently Attending _____

Current Homeroom 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: _____

Which middle school do you plan to attend next year?

**Please return this form, with 2 completed teacher recommendation forms,
to Mrs. Ford by March 07, 2020.**