## **BCMS AVID Application**

| Student's Name  |
|---|
| Current Grade (Circle) 6 7 8  |
| Prime Time teacher  |
| Team (6th and 7th graders only)   |
| Parent/Guardian(s) Name   |
| Phone Number  |
| Parent/Guardian Email Address:  |
| 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 after school and keeping an organized binder and planner? Do you ensure, to the best of your knowledge, all information provided on this application is correct?  Yes No |
| Parent/Guardian Signature:  |
| As an AVID student you will be required to maintain grades Cs or higher, to always put forth your best effort, and to be a role model in the school. Are you willing to follow these guidelines? Do you ensure, to the best of your knowledge, all information provided on this application is correct?   |
| Yes No  |
| Student Signature:  |



### **Student and Family Information**

Free or Reduced Lunch (Circle one.)

| Student Name:  |   |
|--|---|
| The following Information will assist us in identifying possible car following questionnaire. This information is confidential and will design the confidential and the confidential and will design the confidential and the confidential an |   |
| Parent/Guardian Highest Level of Education   | Parent/Guardian Highest Level of Education      |
| Did not graduate high school   | Did not graduate high school                    |
| Graduated high school  | graduated high school                           |
| Completed some college   | Completed some college                          |
| Graduated a tech program or associate's degree   | Graduated a tech program or associate's degree  |
| Graduated from a 4 year college  | Graduated from a 4 year college                 |
| Has a Post-Grad Degree   | Has a Post-Grad Degree                          |
| Ethnic Background (mark all that apply)  |   |
| African American   |   |
| Hispanic/Latino  |   |
| American Indian  |   |
| White/non-Hispanic   |   |
| Asian  |   |
| Pacific Islander   |   |
| Other:   |   |
| Supplemental Criteria (optional):  |   |
| What other languages do you speak at home:   |   |
| Student-Record any challenges, circumstances, or obsta   | acles you have faced and how you overcame them. |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |

Students who wish to be considered for the AVID Elective must return this form to Mrs. Losey or the front desk by Thursday, March 6th at 4:00pm

Yes

No



#### **Student Short Answer Questions**

| Please answer | the following | auestions in | complete | sentences. |
|---------------|---------------|--------------|----------|------------|
|               |               |              |          |            |
|               |               |              |          |            |

- 1. What do you like most about school? What do you like the least about school? Explain.
- 2. How much time per day do you spend on schoolwork outside of school (organizing binder, doing homework, looking back at notes etc)?
- 3. AVID Stands for Advancement Via Individual Determination. Explain a time that you had Individual Determination.
- 4. What are your goals for after high school?
- 5. Briefly describe any scholastic distinctions or honors you have earned beginning with sixth grade. (ex: student of the week, A or B honor roll, Bison Bucks)

#### **Opportunity to share attendance and behavior challenges:**

- 6. Is your school attendance a barrier to your success? Explain.
- 7. Describe a past conflict with another student or staff member. How was it resolved?

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# PLEASE CHOOSE ONE CURRENT TEACHER (other than your Prime Time teacher) TO FILL THIS OUT. Please tear this off, give it to the teacher and they will return it to Megan Losey's mailbox.

As we prepare to interview candidates, we are gathering as much information as possible about prospective students. Please rate the student based on your perception of the student's ability to be successful in the AVID program. Please return this form to Megan Losey office by March 6th, 2025.

| Student's Name:       | Grade: |
|-----------------------|--------|
| Recommending Teacher: |        |

| Demonstrates motivation and individual | Never | Sometimes | Often | Always |
|--|-------|-----------|-------|--------|
| determination                          | (0)   | (1)       | (2)   | (3)    |
| Willingness to work with others        | Never | Sometimes | Often | Always |
|  | (0)   | (1)       | (2)   | (3)    |
| Acceptable attendance and              | Never | Sometimes | Often | Always |
| on time to class                       | (0)   | (1)       | (2)   | (3)    |
| Brings materials                       | Never | Sometimes | Often | Always |
|  | (0)   | (1)       | (2)   | (3)    |
| Seeks help when needed                 | Never | Sometimes | Often | Always |
|  | (0)   | (1)       | (2)   | (3)    |
| Actively participates in               | Never | Sometimes | Often | Always |
| class                                  | (0)   | (1)       | (2)   | (3)    |
| Practices good citizenship             | Never | Sometimes | Often | Always |
| and classroom behavior                 | (0)   | (1)       | (2)   | (3)    |

<sup>\*\*</sup>Not all of the nominated students can participate in AVID next year because only a limited number of spaces are available. If you feel that this candidate should definitely be in AVID next year, please explain what makes this candidate exemplary. Accordingly, please let us know of any reservations you may have for a candidate.

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