



Application for AVID enrollment
LECANTO HIGH SCHOOL



2017-2018

Please print in ink and return to Mr. Grimes, AVID Coordinator at Lecanto High School.

Student name (First, Last) _____

Current School _____ Current Grade Level (circle one) 6th 7th 8th 9th

Home phone: _____ Cell phone: _____

Parent/Guardian name(s): _____

Parent(s) work phone: _____

Parent(s) cell phone: _____

Mailing Address: _____

Email: _____

GPA (last report card): _____

Number of absences this year: _____

Date submitted: _____

PLEASE INCLUDE THE FOLLOWING:

- 1.) Answers to written interview questions
- 2.) Signed Parent survey
- 3.) Signed AVID agreement form
- 4.) Mail, e-mail or Fax to..... (or drop off at LHS)

MAIL TO:

Mr. Grimes –AVID coordinator
Lecanto High School
3810 W. Educational Path
Lecanto, FL 34461

EMAIL TO:

Mr. Grimes
Subject Line Must Contain: "Avid Application 2017"
Address: grimesc@citrus.k12.fl.us

FAX TO:

LHS AVID Program
Attention: "Mr. Grimes"
352-249-2136

***Applications are due back to Mr. Grimes at LHS Friday March 10th, 2017**

* If you have any questions in regards to the program, you may direct your questions through email to Mr. Grimes

* For the application to be complete each applicant must attend an interview with an LHS AVID faculty member

Dates: Wednesday Feb. 22nd and Wednesday March 1st (will set up another after Spring Break)

5-7pm in LHS Cafeteria

LECANTO HIGH SCHOOL

3810 W. Educational Path, Lecanto, Florida 34461 Phone: (352) 746-2334

Student's Name: _____ **Date:** _____

The AVID team at Lecanto High School believes that the following requirements will assure your success in the AVID program:

By signing this contract, I AGREE TO:

1. Enroll in the AVID elective course.
2. Study material required for completion of homework and projects in all courses.
3. Be organized, take Cornell Notes each day in all of my academic subjects, and keep track of assignments using planner and assignment logs.
4. Participate in AVID tutorial groups inside the AVID elective course.
5. Take a rigorous curriculum, assisted by my parents, AVID teacher, and counselor.
6. Help maintain a positive learning atmosphere by having a good attitude.
7. Participate in all AVID required activities throughout the year.
8. Maintain satisfactory citizenship, discipline, and attendance in all classes.
9. Suspension from school and excessive absenteeism are considered violations of this contract. A first offense within the school year will result in disciplinary probation. A second offense will result in dismissal from the program.
10. Maintain a grade point average of at least a 2.5 and have passing grades in all of my academic classes.

**** A GPA of below a 2.5 and/or a failing grade at the end of any grading period is a violation of the contract. A first offense within the school year will result in academic probation. A second offense will result in dismissal from the program.***

I agree to accept enrollment into the AVID elective class, which will offer academic support to me. I want to succeed, and I understand that I must take individual responsibility for my own success. I understand that in order to give fair consideration to my involvement with the program, I must commit to remaining enrolled in AVID for at least one year, and that I will be allowed to remain in the program only if I meet the student responsibilities outlined above. I also understand that studies show that I will be most likely to demonstrate academic improvement if I remain in the program at least three years. Most importantly I am most likely to meet my goal of four-year college enrollment if I remain in the AVID program through my senior year of high school.

Student's Signature

2017-2018 LHS AVID *Parent Contract*

I AGREE TO:

1. Support the AVID requirements outlined above.
2. Attend AVID parent meetings.
3. Provide encouragement and support to ensure my child's success.

Parent Signature: _____

Support Agreement:

We agree to support the efforts of this student in meeting the goals outlined above.

_____ AVID Coordinator

_____ AVID Counselor

_____ Site Administrator

2017-2018 LHS AVID Student Interview Form

Instructions: Please **ANSWER** the following questions in **DETAIL** before submitting your application.

1. What do you like most about school?

2. What do you like least about school?

3. What do you think is your strongest academic area? Why?

4. What do you think is your weakest academic area? Why?

5. Why do you want to be in AVID?

6. How much time do you spend on your class work/homework/studying/reading outside of school?

7. Do you have a good place for studying at home? Please describe.

8. How do you make sure that you use your time in class productively?

9. How do you react if you have difficulty with a subject?

10. Do you like to work in groups? Or do you prefer to work alone?

11. Why do you want to go to college?

12. Are you prepared to do the amount of work required of AVID students? This means homework every night, getting parents to sign many papers, taking notes in all classes?

13. Give an example of how you make good decisions.

14. What do you believe AVID can do for you?

15. What do you think that you have to offer AVID?

16. Are you willing to go above and beyond when it comes to assignments?

17. Please check one of the following:

_____ Yes, I am interested in being enrolled in the AVID program.

_____ No, I am not interested in being enrolled in the AVID program.

2017/2018 AVID Parent Survey

Lecanto High School

Student name _____

Please answer the following as completely as possible:

1. What are your hopes or plans for your child's college education?
2. Why do you feel that your child would benefit from the AVID program?
3. Would you support a 90-minute daily homework requirement? This includes homework from each core academic subject area.
4. What level of college did the students' parent complete?

Mother -Father

- No college
- No college
- Some college
- Some college
- 2 Year Degree
- 2 Year Degree
- 4 Year Degree
- 4 Year Degree
- Beyond 4 Years
- Beyond 4 Years

4. What do you feel are your child's strengths and weaknesses are?
5. Please include any other information or special circumstances that you would like the site team to consider.

7. Please check one of the following:

_____ Yes, I am interested in my child being enrolled in the AVID program.

_____ No, I am not interested in my child being enrolled in the AVID program.

Parent/Guardian Signature: _____

***PLEASE DETACH THIS PAGE AND GIVE TO CURRENT TEACHER FOR THEIR RECOMMENDATION & SUPPORT OF YOUR PARTICIPATION WITHIN AVID. The teacher will return the form to us. Thank you.**

LECANTO HIGH SCHOOL 2017- 2018

TEACHER RECOMMENDATION FORM #1

Dear Teacher,

The student _____ has applied for the AVID program at Lecanto High School. Please rate the student in the following areas, **from 1 to 5 (1 being lowest)**. Do not return the completed form to the student. Return to Mr. Grimes, AVID Coordinator.

1. The student demonstrates college potential. 1. _____
2. The student regularly completes assignments outside of class. 2. _____
3. The student gets along well with others. 3. _____
4. The student is well behaved. 4. _____
5. The student is reliable. 5. _____
6. The student has a low record of absences. 6. _____
7. The student desires to do better, but doesn't yet have the necessary skills. 7. _____

If you scored the student a 3 or lower, please answer 7a.

7a. Explain the skills you think the student lacks, and do you think the student has the ability to gain those skills he/she needs. Be as detailed as possible:

8. Why do you think this student would be a good candidate for the program?
9. Is there any information about this student that you would like the Site Team to consider?

Teacher Signature: _____

Subject Area: _____

Approved: _____

Not Approved: _____

****Teachers – This sheet is extremely confidential. Please return this sheet directly to Mr. Grimes.***

Fax: 352-249-2136 or email grimesc@citrus.k12.fl.us

***PLEASE DETACH THIS PAGE AND GIVE TO CURRENT TEACHER FOR THEIR RECOMMENDATION & SUPPORT OF YOUR PARTICIPATION WITHIN AVID. The teacher will return the form to us. Thank you.**

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TEACHER RECOMMENDATION FORM #2

Dear Teacher,

The student _____ has applied for the AVID program at Lecanto High School. Please rate the student in the following areas, **from 1 to 5 (1 being lowest)**. Do not return the completed form to the student. Return to Mr. Grimes, AVID Coordinator.

1. The student demonstrates college potential. 1. _____
2. The student regularly completes assignments outside of class. 2. _____
3. The student gets along well with others. 3. _____
4. The student is well behaved. 4. _____
5. The student is reliable. 5. _____
6. The student has a low record of absences. 6. _____
7. The student desires to do better, but doesn't yet have the necessary skills. 7. _____

If you scored the student a 3 or lower, please answer 7a.

7a. Explain the skills you think the student lacks, and do you think the student has the ability to gain those skills he/she needs. Be as detailed as possible:

8. Why do you think this student would be a good candidate for the program?
9. Is there any information about this student that you would like the Site Team to consider?

Teacher Signature: _____

Subject Area: _____

Approved _____

Not Approved _____

****Teachers – This sheet is extremely confidential. Please return this sheet directly to Mr. Grimes.***

Fax: 352 249-2136 or email grimesc@citrus.k12.fl.us