



Application Cover Sheet – Application Due April 15th

**Submit the following documents stapled to the back of your application.**

- \_\_\_\_\_ a copy of your grade transcript (from Zangle)
- \_\_\_\_\_ the most recent copy of your CST/CAT6 test scores (you can also print this from Zangle)
- \_\_\_\_\_ 2 Teacher Recommendation Forms (ask any academic subject teacher to fill out this form and have them seal the form in an envelope and return it to you!)
- \_\_\_\_\_ Writing Sample (handwritten or typed)

Applicants can turn in the AVID Application to one of the following:

1. Foothill Counselor
2. Mrs. Anderson's mailbox at FTTHS



School Year \_\_\_\_\_ - \_\_\_\_\_

## Foothill Technology High School AVID Application

Please Print Clearly in Blue or Black Ink

Applicant's Last Name		First Name of Student		Middle Name	
Home Street Address				Home Phone Number (    )        -	
City		State	ZIP	When is the best time to call parents?	
Does the student live with both parents? Circle Yes        or        No			Do the parents speak English? Circle Yes        or        No		
If no, who does the student live with?			If no, what language do they speak?		
Mother's Name (or legal guardian)			Father's Name (or legal guardian)		
Mother's Work			Father's Work		
Mother's Work Address			Father's Work Address		
Mother's work phone (    )        -			Father's work phone (    )        -		
Highest Education Level of Mother or guardian (check only one) <input type="checkbox"/> Non-high school graduate <input type="checkbox"/> high school graduate <input type="checkbox"/> some college <input type="checkbox"/> 4-year college graduate <input type="checkbox"/> post-graduate <input type="checkbox"/> Other (please explain)			Highest Education Level of Father or guardian (check only one) <input type="checkbox"/> Non-high school graduate <input type="checkbox"/> high school graduate <input type="checkbox"/> some college <input type="checkbox"/> 4-year college graduate <input type="checkbox"/> post-graduate <input type="checkbox"/> Other (please explain)		
Are you currently enrolled in the Free and Reduced Lunch Program? Circle Yes or No					
Briefly explain why you are applying for AVID.					
Applicant's Signature			Parent's Signature		



## AVID Teacher Recommendation Form

Name of Student \_\_\_\_\_ Incoming Grade \_\_\_\_\_

**Directions for Students:** Ask one of your current teachers who teaches an academic subject to fill out this recommendation form for your consideration into the AVID program. Return this form sealed, along with your AVID application and your writing sample.

**Directions for Teacher Recommending:** Please take a few minutes to fill out this recommendation form for this student. Your recommendation will be used to help determine the placement of this student in the AVID elective class. Please seal the recommendation in the envelope provided and return the recommendation form to the student.

Name of Teacher Submitting Recommendation: \_\_\_\_\_

Subject Taught by Teacher: \_\_\_\_\_ Current Grade \_\_\_\_\_

Please rank the student on a scale of 1 – 5, 5 being the highest mark.

1. Citizenship and Behavior in – class:	1	2	3	4	5
2. Positive Attitude	1	2	3	4	5
3. College-Bound With AVID support	1	2	3	4	5
4. Motivation	1	2	3	4	5
5. Desire to Succeed	1	2	3	4	5
6. Overall Recommendation for AVID	1	2	3	4	5

Teacher Signature \_\_\_\_\_

Any comments/additional information:

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Thank you for your recommendation!



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Teacher Signature \_\_\_\_\_

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