



APPLICATION

STUDENT NAME: _____

SCHOOL ATTENDING THIS YEAR: _____

WHAT GRADE ARE YOU IN THIS YEAR? 6th 7th

Please read and agree by checking the box in front of each statement.

- I agree to enroll in the AVID class for the entire academic year.**
- I agree to take notes in all my core subject areas as required in AVID.
- I agree to keep my binder organized as required by AVID.
- I agree to maintain good attendance and be punctual for all my classes.
- I agree to adhere to the minimum behavior standards as required by AVID.
- I agree to participate fully in tutorials as required by AVID.
- I agree to participate in field trips, college visitation and other AVID activities.
- I agree to keep my parents fully informed of AVID program activities.
- I agree to complete all my assignments in all classes including AVID.
- I agree to take rigorous courses. Circle the subjects that you plan to take as honors or high school level courses.

Math English Social Studies Science

- I agree to ask for help, talk to my AVID teacher or counselor if necessary.
- I agree to be a positive example in my school and be a good role model for others.
- I agree to keep a positive attitude and be enthusiastic about preparing for college.

I understand that by following the promises I have checked above, AVID will help me achieve my goals. My goals are:

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I have the desire and determination to not only enroll in, but also to be successful in college-preparatory courses and I am interested in being considered for participation in the AVID program at Jackson Middle School for the 2019-2020 school year.

STUDENT SIGNATURE: _____

I support my student's desire to succeed in challenging courses and to attend college, and I wish to see him/her considered for participation in the AVID program. I understand that if my student is selected for AVID, I must work with my student, the AVID teacher, and the school to help support his/her academic success.

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

Mr. Alex Jo
AVID Teacher and Coordinator
Luther Jackson Middle School
3020 Gallows Road
Falls Church, VA 22042
703.204.8155
ajjo@fcps.edu



STUDENT NAME: _____

SCHOOL ATTENDING THIS YEAR: _____

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

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

3. How much time do you spend studying at home? _____

4. Do you enjoy working in groups? Why or why not? _____

5. Are you an organized student? Explain. _____

6. Do you want to go to college? If so, why? _____

7. Has anyone in your family finished college in the United States? If so, who? _____

8. What do you think you might want to be when you grow up? _____

9. What else would you like us to know about you? _____

10. How do you think you might benefit from being in the AVID program? _____

11. What questions do you have about the AVID program? _____



TEACHER/COUNSELOR FORM

Directions: Students, please write your name and elementary school at the top of your form. Give this to your counselor to fill out. Have your counselor return this form to the AVID coordinator or AVID counselor at Luther Jackson Middle School by February 8, 2019.

Student Name: _____

Elementary School: _____

Counselors – Please work with the student’s teachers as needed and fill out this form as completely as possible. Counselor forms are due with applications.

5th grade Reading SOL Score: _____ 5th grade Math SOL Score: _____

6 th Grade Course	1 st Quarter Grade	2 nd Quarter Current Grade
Math		
Reading		
Writing		

504 or IEP? If yes, please specify which one. No _____ Yes _____

ELP Level, if applicable. _____

Currently enrolled in advanced math: No _____ Yes _____

Number of absences this school year: _____

Number of discipline referrals this school year: _____

Demonstrates motivation and persistence	Never (0)	Sometimes (1)	Often (2)	Always (3)
Willingness to work with others	Never (0)	Sometimes (1)	Often (2)	Always (3)
Brings materials	Never (0)	Sometimes (1)	Often (2)	Always (3)
Seeks help when needed	Never (0)	Sometimes (1)	Often (2)	Always (3)
Actively participates in class	Never (0)	Sometimes (1)	Often (2)	Always (3)
Practices good citizenship and classroom behavior	Never (0)	Sometimes (1)	Often (2)	Always (3)

****If there is any other information you feel we should know about the candidate, please include on the back of this page.*

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