



Chatsworth Charter High School

APPLICATION FOR AVID

Chatsworth Charter High School

2016-2017 School Year

Name _____

Date _____

Parent's Name _____

Birthdate _____

Address

Home Phone _____

Work Phone _____

Are you willing to take AVID all year as your **ONLY** elective? _____

Do you and your parents understand that parent participation is an essential part of your success and the success of the program? _____

Please read and sign the Terms of Agreement for Enrollment in AVID and submit with this application. For more information, please call _____ at _____
(Designee) (Phone Number)

Thank you!

I agree to enroll in the AVID class for the entire 9th grade 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 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 ask for help, talk to my AVID teacher or counselor if necessary.

I agree to keep a positive attitude and be enthusiastic about preparing for college.

(Student's Signature)

(Parent's signature)

APPLICATION DUE TO: Mrs. Schnell
(Designee)

BY: Friday, May 20, 2016
(Day, Date)



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