



BRADEN RIVER HIGH SCHOOL
Advancement Via Individual Determination
School Year 2025-2026



STUDENT: Please complete the following application to be considered as a member of the AVID elective program. Please return your completed application to the AVID Coordinator at your school. Final acceptance will be determined upon completion of an interview. **[Please Print with Blue or Black Ink]**

Personal Data

Name: _____
Last First Student I.D. #
Address: _____
Number and Street City Zip Code
Phone: _____ Parent or Guardian's Name: _____

Current Class Schedule: Are you currently enrolled in an Honors/AP/DE class? If so, please list them here:

Have you ever been enrolled in AVID ☐ yes ☐ no **If Yes, Circle Grades: 6 7 8 9 10 11**

AVID is work (challenging work), however, the work that is completed in AVID will assist with success in other areas of your academic, personal, and future lives. Are you willing to work hard to prepare for future opportunities? (Circle One) YES No

If accepted into AVID, you must be willing to have a course of rigor (honors, AP, DE, AICE, etc.) that will challenge you academically and prepare you for high school AND College courses. Are you willing to take on a course of rigor? (Circle One) YES (if yes, what subject would you benefit most from?) NO

If accepted into AVID, you must be willing to commit to a FULL year of the program and its structure (contract required) Are you willing to do so? YES NO

Extracurricular, Personal, and Volunteer Activities: (Please any activities/community service/work/etc. that you are involved in)

AVID is a course that offers a lot of collaboration so being present daily is important, how often are you absent from or tardy to class? Explain.

The AVID program is **not** for a student who has many **disciplinary** marks on their records, please **describe any** past conflicts you have that you have received disciplinary action for and what you learned from the experience.

To the best of my knowledge, all information is provided on this form is correct. I support my child's interest in joining the AVID program at Braden River High School

Student Signature

Parent/Guardian Signature

**Students who wish to be considered for the AVID program must return this form to
Mrs. Rouse (605) BY March 28, 2025**



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Student Information (Application, cont.)

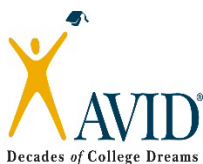
Student Name: _____

Student I.D. #: _____

Student Short Answer Questions

1. What do you like the most about school? What do you like least about school? Explain.
2. What about the AVID program appeals to you? If you have previously participated in the AVID program, what did you gain from the experience and why do you want to continue? What makes you a strong candidate for the AVID program?
3. What is the biggest obstacle you have ever had to overcome and how did you do it?
4. What are your academic goals for the future? What colleges and majors are you interested?
5. Why do you believe college to be important? Will you be the first member of your family to go to college? If so, how does that make you feel?
6. How did you hear about the AVID program? Who recommended you for it?

**Students who wish to be considered for the AVID program must return this form to
Mrs. Rouse (605) BY __March 28, 2025**



AVID Teacher Recommendation Form (please give to your teacher and they will give it to me by the due date)

Recommendation for: _____
(Student's Full Name)

Student's School: _____

I recommend the above-named student as a candidate for Braden River High School's AVID program. I have known him/her for _____ as a student in my _____ class. This student has the potential to go to college, and I believe that the AVID program will help him/her achieve this goal. Please consider him/her for participation in this elective program.

(teacher's signature) (date)

Please rate this student on a scale of 1 – 5 with 5 as excellent, 3 as average, and 1 as not a strength.

General Behavior	_____	School Attendance	_____
Organizational Skills	_____	Internal Motivation	_____
Turning assignments in on time	_____	Writing Skills	_____
Willing to accept support	_____	Ability to work w/ other students	_____
Ability to do honor's work w/extra support	_____		

**** Note:** If you need to speak directly with the BRHS AVID Coordinator, contact Rebecca Rouse via email or call 751-8230, ext. 31075- Return form to Teacher Mailbox (Rouse) by 03/28/25

(cut along this line)

AVID Teacher Recommendation Form (please give to your teacher and they will give it to me by the due date)



Recommendation for: _____
(Student's Full Name-Printed)

Student's School: _____

I recommend the above-named student as a candidate for Braden River High School's AVID program. I have known him/her for _____ as a student in my _____ class. This student has the potential to go to college, and I believe that the AVID program will help him/her achieve this goal. Please consider him/her for participation in this elective program.

(teacher's signature) (date)

Please rate this student on a scale of 1 – 5 with 5 as excellent, 3 as average, and 1 as not a strength.

General Behavior	_____	School Attendance	_____
Organizational Skills	_____	Internal Motivation	_____
Turning assignments in on time	_____	Writing Skills	_____
Willing to accept support	_____	Ability to work w/ other students	_____
Ability to do honor's work w/extra support	_____		

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