



South River High School AVID Application

Name: _____

Phone: (h) _____

Year of Graduation: _____

Parent email: _____

Parents/Guardians: _____

Directions: Please respond to the following items.

1. How would you describe yourself as a student?

2. What types of academic goals do you have for yourself?

3. What do you hope to gain from the AVID program?

4. After you graduate from high school, what types of plans do you have for yourself?

5. What extracurricular activities do you participate in?

6. What one word best describes you? Why?

Please sign below indicating that the information provided in this application is accurate.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

South River Staff Use Only:

_____ Accepted _____ Declined _____ Wait List Date: _____

AVID Coordinator

AVID Counselor

AVID Administrator