



**VIRGINIA BEACH CITY PUBLIC SCHOOLS**

A H E A D O F T H E C U R V E

*Department of Curriculum and Instruction  
Office of Secondary Instructional Services*

## AVID Student Application

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Grade: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Will you be the first in your family to graduate from college?

List your schedule and project your final grades in each course:

Subject/Course Name	Projected Final Grade

Answer the question below:

1. *What kind of student are you?*

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2. *It is now in the 3<sup>rd</sup> nine weeks going on the 4<sup>th</sup> nine weeks. What could you do to improve your grade?*

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3. *What plans do you have for college?*

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4. *What do you think the AVID program will do for you?*

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