

**Cochrane Middle School
AVID Application**
Revised March 11, 2003

Office use only	GPA:	6	7	8
	Math EOG			
	Reading EOG			

Name _____

Address _____

Home Phone Number _____

Student ID number _____

Mother/Guardian _____

Father/Guardian _____

Work Number _____

Work Number _____

Teacher Recommendations (2 required)

Please include in your recommendation information regarding the student's strengths, weaknesses, character and conduct.

Lang Arts Teacher:		Currently enrolled in: <input type="checkbox"/> Math II <input type="checkbox"/> Math III <input type="checkbox"/> Algebra <input type="checkbox"/> Geometry <input type="checkbox"/> Lang Arts Acc <input type="checkbox"/> Lang Arts Scholars
Subject:		
Behavior: 1 excellent - 5 talkative - 10 immature behavior		
Math Teacher:		Currently enrolled in: <input type="checkbox"/> Math II <input type="checkbox"/> Math III <input type="checkbox"/> Algebra <input type="checkbox"/> Geometry <input type="checkbox"/> Lang Arts Acc <input type="checkbox"/> Lang Arts Scholars
Subject:		
Behavior: 1 excellent - 5 talkative - 10 immature behavior		

I would like to apply to the AVID program. I realize that AVID is a rigorous program that has grade, conduct and classroom requirements that I am willing to meet. I understand that a lack of commitment to the program in any of these areas will result in my removal from the program.

Student's Signature _____ Date _____	Parent's Signature _____ Date _____
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