

MMS AVID Application 2017-2018

Name of applicant: _____ Current Grade: _____

School ID Number: _____

1. Do you want to go to college? If so, why?
2. What do you think is your strongest subject? Why?
3. What do you think is your weakest subject? Why?
4. How much time do you spend studying at home?
5. What else would you like for us to know about you and why you should be accepted into the MMS AVID program?

I give permission for my child to be considered for enrollment in the AVID program for the 2017-2018 school year. I understand that this class will be my student's elective for the full year.

Parent/Guardian signature: _____

Parent/Guardian name: _____

Return applications to C7 or the office by Friday February 3, 2017