

**Pikesville High School
Advancement Via Individual Determination (AVID)
2011-2012**

Application for Admission

Name: _____
Address: _____
City: _____ State: _____ Zip _____
Home Phone: _____

Parent/Guardian's Name: _____
Address: _____
Email: _____

Current Classes

Class	Teacher
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

QUESTIONNAIRE: be as detailed as possible

1. What difficulties prevent you from being successful in school?

2. Explain how dedication to homework helps guarantee success.

3. How could you benefit from being a participant of the AVID program?

4. How would you define *academic excellence*?

5. Do you plan to attend college? If so, what have you done to prepare?

6. What are some of your career aspirations?

Please select a teacher to complete the Teacher Recommendation form.

Student's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Ms. Bailey, AVID Coordinator 410-887-1217 Nbailey@bcps.org