

Tracy Unified School District AVID Application 2019-20 School Year

Please print the following information and return to your school office.

Your Name:

Current School:

Zoned High School (Circle): **KHS** **THS** **WHS**

Parent's Name:

Home Phone or parent's cell:

*Please answer these questions on the back of this paper or typed on a separate sheet. Answer using **complete sentences**.*

1. What do you like most about school? What do you like least? Explain.

2. What are some academic/learning challenges that you experience in school? How do you deal with and overcome your challenges?

3. Are there any special circumstances, or hardships, you have experienced in your life? Either personally or in school. Your answer stays private.