



**Sandalwood High School AVID**

*a college preparatory program*

*Applications can be mailed to:*

*Attention Dr. Rocquin*

*2750 John Prom Blvd.*

*Jacksonville, FL 32246*

*Phone: (904) 646-5100*

**For '20-'21 school year consideration and all incoming Freshmen due by:  
June 1<sup>st</sup>, 2020**

**COVID 19 Changes-** Once you mail off your application, please email Dr. Rocquin ([rocquins@duvalschools.org](mailto:rocquins@duvalschools.org)) the name of the child the application was mailed off for so she can begin the recruitment process and keep an eye out for the application. Feel free to scan and email her the application as well if you do not want to mail it to the school.

**PLEASE NOTE:** Admission into the AVID program at Sandalwood DOES NOT grant the applicant admission into Sandalwood High School. If you are not zoned for this school, ALL ZONING ISSUES MUST BE DEALT WITH THROUGH SCHOOL CHOICE, DOWNTON AT THE DISTRICT OFFICE. Please be proactive with this process if you are accepted into our AVID program and please refer to the district DCPS website to locate your assigned school according to your address.

***All communication will be via email so please be sure to print email clearly below and check frequently.***

Please attach to the application the following documents:

- Completed Recommendation Form from a teacher (**Excused due to Pandemic**)
- Copy of most recent report card
- Completed student Questionnaire
- Signed AVID Contract (by student and parent)
- Signed Media Release form
- Signed PG-13 movie Release form
- Mail all documents to: Sandalwood High School, Attn: Dr. Rocquin (room 140)

**Student Information:**

<b>Last Name</b>	<b>First Name</b>	<b>Current Grade Level</b>	<b>T-Shirt Size</b>
<b>Street Number and Name</b>	<b>City</b>	<b>Zip Code</b>	

**This information will help us identify students who best fit the AVID program. The information is confidential and will only be used by the AVID site team for placement into the AVID program.**

Previously enrolled in AVID: Yes No

If yes, circle all grade levels you have been in the AVID elective: 6 7 8 9 10 11

Please write the middle school you attended: \_\_\_\_\_

Parent/Guardian #1: Highest Education Level	Parent/Guardian #2: Highest Education Level
<input type="checkbox"/> Did not graduate high school	<input type="checkbox"/> Did not graduate high school
<input type="checkbox"/> Graduated high school	<input type="checkbox"/> Graduated high school
<input type="checkbox"/> Completed some college/trade school	<input type="checkbox"/> Completed some college/trade school
<input type="checkbox"/> Graduate College with a Bachelors	<input type="checkbox"/> Graduate College with a Bachelors
<input type="checkbox"/> Post-graduate education (masters, etc.)	<input type="checkbox"/> Post-graduate education (masters, etc.)

Ethnic Background (check all that apply):

- African American
- Native American/Alaska Native
- Asian
- Filipino
- Hispanic/Latino
- White
- Pacific Islander
- Other: \_\_\_\_\_

What main language(s) do you speak at home? \_\_\_\_\_

What challenges will you face going in to college?

- I will need scholarships to pay for college because my family may not be able to afford college
- I will need information about how to apply for colleges and scholarships
- I will need help finding the right colleges for me
- I will need information about the right classes to take in order to get into college
- I will need help studying and staying organized so that I can maintain good grades in high school
- I will need help choosing dual enrollment courses to take during high school
- I will need help creating a resume and learning how to get letters of recommendation
- I will need help learning about the importance of maintaining a high GPA in high school
- I need help getting involved in clubs/extracurricular activities at Sandalwood

Are you eligible for free or reduced lunch? Yes No Unknown

Indicate your current cumulative GPA: \_\_\_\_\_(weighted) \_\_\_\_\_(unweighted)



**A.V.I.D. 2019-2020 CONTRACT-**

**Parents and students- Please review and sign acknowledging understanding and commitment. Remaining signatures will be completed upon admission into the program.**

Name of Student: \_\_\_\_\_

**AVID is a program which prepares students for four-year college eligibility and success.**

Students Goals:

1. Academic success in college preparatory courses.
2. Successful completion of college eligibility requirements.
3. Enrollment in a four-year college or university after high school graduation.

Student Responsibilities:

1. Maintain satisfactory citizenship and attendance in all classes.
2. Maintain the AVID Binder with assignments, daily notes, and organization in all classes.
3. Utilize tutorials effectively by bringing legitimate high-order questions from your core classes.
4. Complete all homework assignments & commit to at least two hours of homework/studying every night.
5. Maintain enrollment in college preparatory courses.
6. Complete required community service hours.

Student Agreement:

I agree to accept enrollment into the AVID Elective class, which will offer academic support to me. I want to succeed and I understand that I must take individual responsibility for my own success. I understand that in order to give fair consideration to my involvement with the program, I must commit to remaining enrolled in the AVID Elective for at least one year, and that I will be allowed to remain in the program only if I meet the student responsibilities outlined above. I understand that studies show that I will be most likely to demonstrate academic improvement if I remain in the program and meet the student responsibilities outlined above. I also understand that studies show that I will be most likely to demonstrate academic improvement/success if I remain in the program at least three years and I will be most likely to meet my goal of four-year college enrollment if I remain in the AVID Program in my senior year of high school. I understand that this is a choice and a responsibility. **I am choosing to take ownership of my education and my future. No one can do the work for me. I commit to working hard and using every resource provided to me.**

\_\_\_\_\_

Student Signature

Support Agreement:

We agree to support the efforts of this student in meeting the goals outlined above. We will strive to keep his/her best interests in mind, guide him/her toward his/her goals, and encourage him/her whenever possible.

\_\_\_\_\_

AVID Coordinator Signature

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

AVID Counselor Signature

\_\_\_\_\_

Site Administrator Signature

\_\_\_\_\_

AVID Elective Teacher Signature



### Student Media Release

DCPS Productions or outside organization, including news media I, \_\_\_\_\_, hereby authorize the videotaping/filming/photography of my child, \_\_\_\_\_, and/or the release of his/her name and achievement(s) for publishing (print, World Wide Web) and/or broadcasting purposes. I also consent to the showing of the video/film/photographs to any person. I understand that the Duval County School District is not a party to outside organizations' photography/filming/video production and will hold Duval County Public Schools and its employees harmless from any liability in connection with a production not produced internally by Duval County Public Schools.

\_\_\_\_\_  
Parent/Guardian First, Last Name (printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student First/Last Name

### AVID Video Permission Form

Student Name \_\_\_\_\_

School Year: **2019-2020**

Duval County Public School Guidelines require parental permission for students to view materials that carry other than a "G" rating. In this course some of the videos that appropriately address the topics presented in the course have a PG-13 rating. If you have concerns or questions about videos shown in the class, please contact me.

**Please select your choice by checking and signing the bottom.**

**Permission is granted to view PG-13 and lower rated clips/videos relating to the course.**

**Permission is declined for all videos above a G rating relating to this course.**

Please sign below indicating you have read and understand the policies of my English class and the expectation of the student.

\_\_\_\_\_  
Parent/Guardian First, Last Name (printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student First/Last Name

\_\_\_\_\_  
Parent E-mail Address

\_\_\_\_\_  
Parent Phone Number 7:15am-2:00pm

**APPLICATION FOR AVID**  
**TEACHER RECOMMENDATION FORM**

_____	_____	_____
(Teacher's Name)	(School)	(Subject)
_____	_____	
(Phone number)	(Email)	

A student in one of your classes has been recommended for placement in the AVID (Advancement via Individual Determination) program. This is a course designed primarily for students who may have college potential. We would very much appreciate it if you would take a few minutes to answer the following questions so that we may determine an appropriate placement of the student.

Please return this form at your earliest convenience through the student.

Thank you,

Sandalwood AVID Site Team

	<u>Never</u>	<u>Sometimes</u>	<u>Always</u>
Do you believe this student needs the support of the AVID class?	_____	_____	_____
Does this student seem to have college potential?	_____	_____	_____
Does this student display good classroom work habits?	_____	_____	_____
Does this student practice good citizenship?	_____	_____	_____
Does this student have an acceptable attendance record?	_____	_____	_____

Other Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_