

Dear Parents,

Your student is eligible for AVID, a program dedicated to helping students achieve their goals of not only going to college but being prepared to stay and graduate. Students considered for AVID are bright students who might be

ARLINGTON INDEPENDENT SCHOOL DISTRICT
EXTRACURRICULAR ACTIVITY
PERMISSION SLIP

I, parent/guardian _____
(Please print first and last name)

of _____, a student at

James Martin High School _____ in the Arlington
(Name of School)

Independent School District, give my permission for my child to participate in

the extracurricular activity of AVID Service Activities and/or Club.

(Print name of the activity)

By my signature below, I acknowledge that I am the parent/guardian of this
student and I have the authority to consent to this activity. I understand that if I

AVID Student Assessment

AVID Student Agreement (2 of 2)

James Martin High School

Parent/Guardian Responsibilities

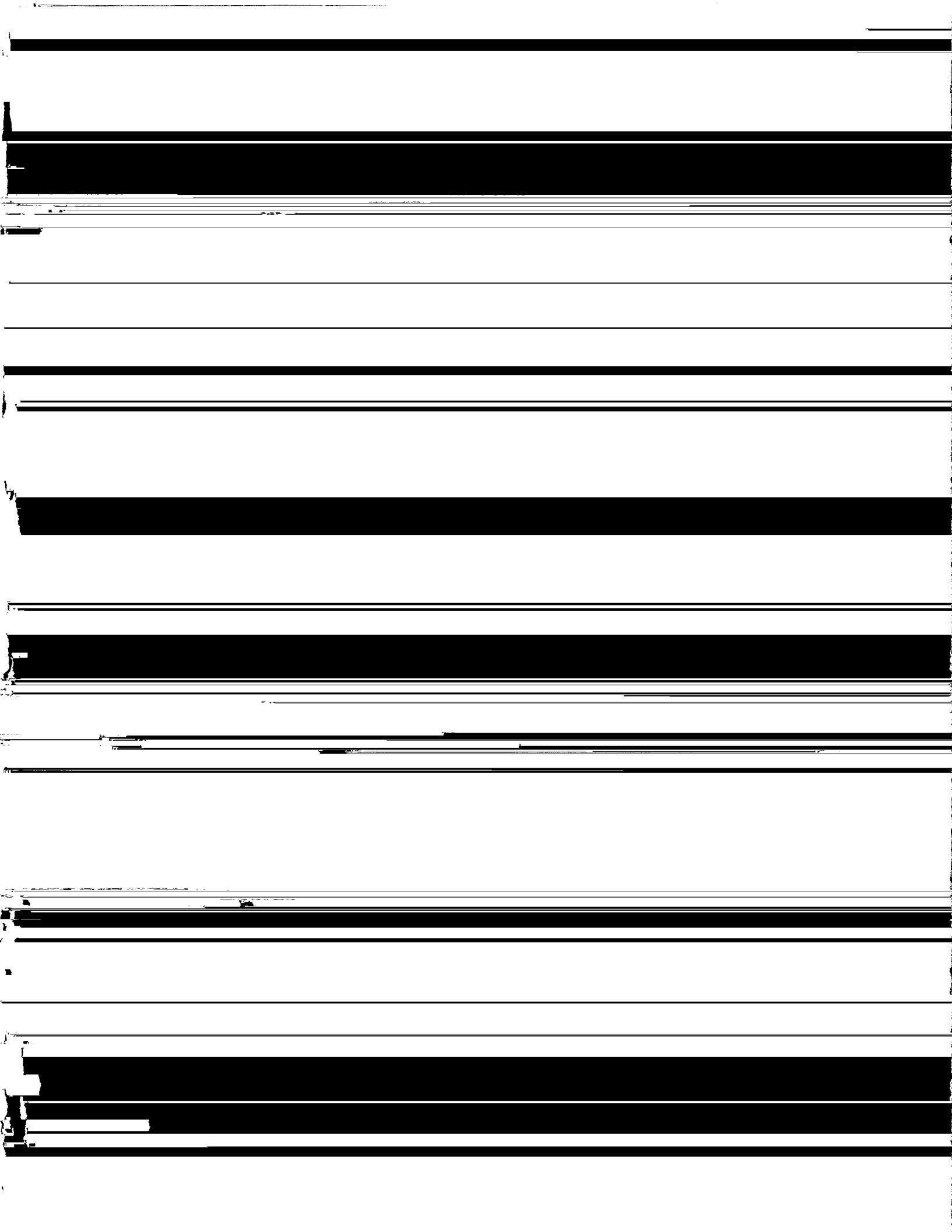
I will support my child by:

1. Partnering with the AVID Elective teacher through regular communication and attendance at parent/guardian meetings.
2. Monitoring my child's academic process to ensure that he/she is on track for meeting the grade-level

course requirements to remain in AVID and in line for the successful completion of college eligibility requirements.

3. Checking for an organized binder with agenda, content class focused notes and Tutorial Request Forms weekly.
4. Encouraging opportunities to take rigorous courses, complete college prep/extra-curricular





Notes required