

# Letter to Parents

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 under-achieving, underserved in the college system, first-generation college students, or simply need additional support in balancing advanced courses with extra-curricular activities. The AVID class, held within the regular school day, provides socio-emotional support, academic monitoring, and tutoring. The writing process, Socratic questioning, collaborative learning, and reading are the core strategies of the program.

## **What is Required of an AVID Student?**

Each AVID student carries a binder or some form of organized system in which he or she is required to keep materials from all academic classes. Students keep track of assignments on assignment sheets and are required to take DAILY notes in all academic classes. The notebooks are graded weekly for content and organization. Led by tutors, students participate in tutorial groups in the AVID classroom. In addition, students are taught study skills, test preparation, time management, and the writing process. Teachers fill out periodic progress reports, in addition to routine school ones, for monitoring by the AVID coordinator/teacher.

## **Who are AVID Tutors, and What Do They Do?**

AVID tutors are typically college students or retired educators who receive training in methodologies used in AVID: writing process, Socratic questioning, collaborative learning, and reading. They are in the classroom weekly to serve as models and to help students achieve success in rigorous classes. They are trained not to give students answers but rather to guide them toward answers. They may even ask permission to “shadow” students in their classes to help them learn how to take notes more effectively.

## **What Can Parents do to Support AVID Students?**

Communication between the AVID coordinator/teacher and the parent (s) is essential. I will contact you to share your student's progress, and appreciate any information you share with me. At home, parents can see to it that students are doing their homework in a quiet place with few interruptions. By asking your student about his/her day, and inquiring about homework and the events of school, you will bridge what could be a great gap between his/her school life and home life. When the two are connected, successes increase. In addition, stressing your belief that your student can succeed in high school and attend college will also motivate him/her to work harder and achieve more.

Throughout the year, I will host a few AVID Family Workshops which will address topics of concern relating to student success in high school and preparation for college. You can expect to see a newsletter every six weeks and I encourage you to check emails and/or the Remind text messages to stay informed. Thank you very much for all of your support! I am looking forward to working with you this year.

Sincerely,

*Perinza Reddic*

AVID Coordinator  
preddic@aisd.net

ARLINGTON INDEPENDENT SCHOOL DISTRICT  
EXTRACURRICULAR ACTIVITY  
PERMISSION SLIP

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

of \_\_\_\_\_, a student at  
(Please print student's first and last name)

\_\_\_\_\_ 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 am a student and do NOT have the authority to sign this slip, I will be subject to disciplinary action.

This form will not be valid if it does not have the sponsor's and parent's/guardian's original signature below.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

*Serunza Reddic*  
Sponsor's Signature

*August 19, 2024*  
Date

This permission slip is to be kept in the Sponsor's/Coach's office.

## AVID Student Agreement (1 of 2)

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James Martin High School

Name: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

AVID is an elective college preparatory system that prepares students to attend a four-year college upon high school graduation.

### Student Goals

- Academic success in college preparatory courses.
- Successful completion of college eligibility requirements.
- Enrollment in college preparatory courses throughout high school to ensure enrollment in a four-year college or university upon graduation.

### Student Responsibilities

- I will maintain at least a 2.0 GPA and satisfactory citizenship and attendance in all classes or will be placed on a probation contract.
- I will maintain a minimum 2.0 GPA or will be placed on a probationary contract.
- I will maintain enrollment in all college prep courses (including honors, dual enrollment and International Baccalaureate/Advanced Placement).
- I will attend summer school as needed to take additional coursework and/or to raise my grades to maintain my college eligibility.
- I will be an active learner, be prepared for all classes with all assigned work completed, take focused notes daily, and be an active participant in all activities.
- I will come to AVID class prepared for tutorial session with the TRF pre-work completed, AVID binder with focused notes, and textbooks. I will use critical thinking, inquiry, and collaboration with my classmates to create greater understanding about my point of confusion.
- I will participate in extracurricular activities and community service.
- I will prepare for and take college entrance exams, such as the ReadStep, EXPLORE, PSAT, PLAN, SAT, and ACT.

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Student's Signature

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Student ID

**AVID Student Agreement (2 of 2)**

James Martin High School

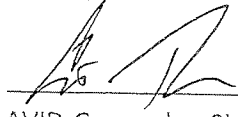
**Parent/Guardian Responsibilities**

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 and 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/entrance exams, and participate in community service, extracurricular activities, and leadership opportunities.

We agree to support the efforts of this student in meeting these goals.

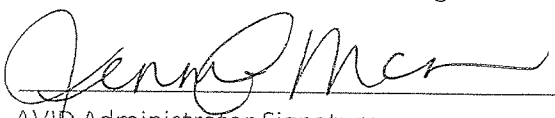
\_\_\_\_\_  
Parent/Guardian Signature



\_\_\_\_\_  
AVID Counselor Signature



\_\_\_\_\_  
AVID Site Coordinator/Teacher Signature



\_\_\_\_\_  
AVID Administrator Signature

**ARLINGTON INDEPENDENT SCHOOL DISTRICT**  
**Permission to Travel**

To: Parent/Legal Guardian of: \_\_\_\_\_  
Student's Name

I give my permission for the above student of the Arlington Independent School District to attend the following district approved trip(s) this school year:

Description of Trip	Date	Means of Transportation
<u>AVID College/Career Campus Visit(s)</u>	<u>2024-2025 School Year</u>	<u>AISD Bus Transportation</u>
_____	_____	<u>or Coach Line Bus Service</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The supervising sponsor for the trip(s) listed above are: AVID Elective and AVID Site Team Members

The local board policies governing student conduct and discipline are applicable to students on all district approved trips and the behavior of all participating students is expected to conform to the standards set forth in such policies. All violations of such code of conduct by any student shall be reported to the principal.

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

Persons to Contact in Case of Emergency:

1. \_\_\_\_\_  
Name Home Number Cell Number
2. \_\_\_\_\_  
Name Home Number Cell Number

STUDENT TRAVEL CODE OF CONDUCT

ALL SECTIONS AND INFORMATION MUST BE COMPLETELY  
AND ACCURATELY FILLED OUT TO TRAVEL

Students may be sent home immediately from the trip for issues that are illegal or jeopardize the safety of any student, chaperone or administrator. Failure to follow the AISD Student Code of Conduct or the directives of trip coordinator or administrator will be communicated to parents, and campus administration in a timely manner. If student is sent home as a result it shall be at the expense of the parent.

- Students must follow the AISD Student of Code of Conduct for the entirety of the trip.
- There shall be absolutely no possession or use of alcohol, tobacco or drugs. If probable cause is given the person or person's property will be searched.
- Students will use appropriate language and behavior at all times while showing respect to everyone with whom they come in contact.
- Students will dress appropriately and respectfully for the entirety of the trip.
- Students will be respectful, of the driver and tour guide.
- Students must follow the itinerary provided by the trip coordinator.
- Students must follow any additional rules and regulations imposed by the trip site.

We understand the above expectations and guidelines. We agree that if any of these guidelines are violated, the student may be sent home at the expense of the parent and/or additional disciplinary actions may occur.

_____		_____	
Parent/Guardian Printed Name		Student Printed Name	
_____ / _____		_____ / _____	
Parent/Guardian Signature	Date	Student Signature	Date

This form must be completed and returned to the trip coordinator.

*Notary required*

ARLINGTON INDEPENDENT SCHOOL DISTRICT  
OUT OF DISTRICT TRAVEL MEDICAL AUTHORIZATION

TO: Any Physician, Hospital, or Other Health Care Provider:

RE: \_\_\_\_\_ *(student's name)*

We, the undersigned, represent and warrant that we are the parents or legal guardians of the above-named student, a minor child, and we do hereby give AVID, of the Arlington Independent School District, the power to consent to any and all medical and/or health care which he/she deems necessary in an emergency while said child is in her/her custody and control while on a district sponsored trip.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

_____	_____
Print Name of Parent or Guardian	Signature of Parent or Guardian
_____	_____
Print Name of Parent or Guardian	Signature of Parent or Guardian

SUBSCRIBED AND SWORN TO BEFORE ME by \_\_\_\_\_

and \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

to certify which witness my hand and seal of office.

Notary Public, State of Texas: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Additional information:

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Insurance Co. Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Medical Allergies: \_\_\_\_\_

Pertinent Medical Information (e.g., diabetes, asthma, heart disease, bee or peanut allergy, etc.): \_\_\_\_\_

Medications: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Contact in Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

It will be the responsibility of the parent to notify the school of any changes in the above information.