Phoenix Union-Wilson College Prep High School
An AVID Collaboration School
3005 East Fillmore Street
Phoenix, AZ 85008

AVID’s (Advancement via Individual Determination) mission is to close the achievement gap by preparing all students for college readiness and success in a global society.

Dear Students and Parents/Guardian,

We are pleased that you are interested in the Phoenix Union-Wilson College Prep High School, an AVID Collaboration School. AVID is a school wide system that is designed specifically to ensure students meet requirements, obtain entrance, and complete a four year college degree. The curriculum focuses on building the following college going skills: writing, inquiry, collaboration, organization, reading, note-taking, study skills, and college/career/ motivational activities. To support this rigorous endeavor all students will participate in tutoring with college students twice a week during the regular school day. To immerse students in the college environment they will travel to various colleges and universities as well as be exposed to guest speakers throughout their 4 years at Phoenix Union-Wilson College Prep High School.

The national average of students meeting college entrance requirements is 36 percent. Nationally, 92 percent of AVID students meet college entrance requirements. At Phoenix Union-Wilson College Prep High School our goal is to have 100% of our students meet college requirements and complete a 4 year college degree that is completely paid for by scholarships.

In addition to this application, the Phoenix Union-Wilson College Prep High School Administration will conduct interviews with interested students. We are choosing students based on several qualities including:

- Applications
- Attendance
- GPA
- Behavior Records
- Work Ethic
- Motivation/Desire

For more information please contact Mr. Keoni Dang at kdang@phoenixunion.org or (602) 703-9821. Thank you for your interest. We look forward to helping your student succeed in college, career, and life.

Sincerely,

Keoni Dang, Principal
The Phoenix Union High School District (PUHSD) has many choices to offer high school students. Open enrollment enables Arizona students to attend a public school whether or not they live within the school or district boundaries. At Phoenix Union, we welcome students to explore how they can experience high school at one of our 20 high schools or in one of our many Magnet Programs.

The following conditions apply to the Open Enrollment Program:

1. A Student Enrollment Form (T1) must be completed.
2. An Open Enrollment Form must be completed. (on reverse)
3. Acceptance is subject to the capacity limit established for the school, program, and/or its grade level.
4. Student transportation will be the responsibility of the parent/legal guardian with the exception of students attending a Magnet Program or Metro Tech High School. Students that are attending a Magnet Program that is outside of their home attendance zone or Metro Tech High School can request that PUHSD provide them with available transportation.
5. Providing false information on this form may result in the request being denied or admission revoked.
6. Specialty schools and programs have additional enrollment applications and requirements that must be completed and approved prior to acceptance.

ADMISSION GUIDELINES
Forms must be completed by the individual requesting enrollment, and must be signed by the parent/legal guardian and student. Consideration for admittance will be determined by the administration of the receiving school.

Please complete the Form on the reverse side. Mail or deliver the completed form to the school of your choice at the address below. This form can also be completed and submitted online at www.PhoenixUnion.org/Enroll

For enrollment questions, contact the high school of interest.
For questions about the Magnet Programs, call the District Magnet Office at (602) 764-1317 or visit www.PhoenixUnion.org/MagnetPrograms

The same transfer standards set for non-resident students will also apply to resident students.

The Phoenix Union High School District does not discriminate on the basis of race, color, national origin, sex, age or disability.
MAGNET / SPECIALTY SCHOOL / OPEN ENROLLMENT FORM
Complete only if you want to attend a Magnet Program or Specialty School, or live outside of the Phoenix Union District boundary.

Mail or deliver the completed form to the school of your choice at the address on the reverse side.

This form can also be completed and submitted online at www.PhoenixUnion.org/Enroll

Please Type or Use Black Ink

SELECT THE OPTION THAT APPLIES TO YOU (If none, then you do not need to complete this form):
 I Want to Attend a Magnet Program (Complete Sections A and B only below.)
 I Want to Attend a Specialty School (Complete Sections A and C only below.)
 I Live Outside PUHSD Boundaries, but Want to Attend a PUHSD School (Complete Sections A and D only below - You may also select either option above if one also applies to you, and then you would also complete the corresponding section below.)

SECTION A
School Year You Are Requesting Enrollment for: ____/____ Student’s Date of Birth: __________ Student #: ________________

Student: __________________________________________ Contact Phone #: _____________ Current Grade: ______

(First Name) (Last Name) (M.I.)

Home High School/Attendance Zone: __________________________ School Currently Attending: __________________________

Previous High School(s): ______________________________________________________________________________________

Is the student participating in athletics?  Yes  No

Approval of this request may affect the athletic eligibility of the above-named student in accordance with District Policy (JC-R). Contact the Athletic Director at the school of interest for more information.

Is the above named student:
• Suspended or expelled from any school or district?   Yes   No
• Being considered for disciplinary action, suspension or expulsion?   Yes   No

Is the above named student enrolled in any of these classes/services at his/her former school(s)?
• Accelerated / Advanced Placement / Honors / Gifted   Yes   No
• Special Education / IEP / 504   Yes   No
• English Language Learner (ELL)   Yes   No
• Other: ____________________________________

I attest that the above information is true. I understand there may be a waiting period prior to approval.

Student Signature __________________________ Date: ___________ Parent Signature __________________________ Date: ___________

SECTION B Magnet Programs: Select the Magnet Program you would like attend.
Alhambra:   Medical and Health Studies  South Mountain:
Central:   Global Studies   Aviation / Aerospace Education
Carl Hayden:   Computer Studies   Law-Related Studies
   Marine Science   Visual Arts
North:   International Baccalaureate  Multimedia Communications -
  Performing Arts -   Theatre
Carl Hayden:   Computer Studies   Radio Broadcasting
   Multimedia Journalism
Metro Tech High School   Video Production
Phoenix

*Please note that some Magnet Programs (i.e. International Baccalaureate) have additional qualifications that must be met prior to acceptance.

MAGNET PROGRAM TRANSPORTATION: Available transportation is provided for PUHSD students traveling outside their home attendance zone within the district that are interested in a Magnet Program or Metro Tech High School. Is student requesting transportation?   Yes   No

SECTION C Specialty Schools: Select the school you would like to attend.
 Linda Abril* (Grades 11, 12)   Bioscience*
 College Prep* (Grade 9)   Camelback Montessori*
 Maryvale Gifted & Talented* (Grade 9)   Phoenix Coding* (Grades 9, 10)

*Please note that Specialty Schools have additional enrollment applications and requirements that must be completed and approved prior to acceptance.

SECTION D Comprehensive Schools: Select the school you would like to attend.
 Alhambra   Central   Betty Fairfax   Maryvale   North
 Trevor Browne   Cesar Chavez   Carl Hayden   Metro Tech   South Mountain
 Camelback

All applications must be approved by a campus administrator of the receiving school. Form can be submitted at any time.

High School Use Only: Administrative Approval
 APPROVED  Signature: Principal/Designee Receiving School __________________________ Date: ___________
 NOT APPROVED  Date Received: Application Serial #: __________________________

_________________________________ _________
Principal/Designee Receiving School Date

Date Received:
Phoenix Union-Wilson College Prep High School
An AVID Collaboration School
3005 East Fillmore Street
Phoenix, AZ 85008

Application Packet

Student Name ____________________________________________________

Student Grade (Circle one)  9th

Checklist:

____ Open Enrollment Form
____ Application Filled Out
____ Parent Information Sheet Completed
____ Student Information Sheet
____ Short Essay Responses Completed
____ 2 Teacher Recommendations
____ Copy of Transcripts (7th grade and most recent 8th grade report cards)
____ Copy of AZ Merit Scores (7th grade)
Student Application

Student’s Name (Please Print) __________________________________________

Grade Level Next Year (Circle One)    9th

Parent/Guardian Name (Please Print) _______________________________________________________________

Address ______________________________________________________________________________________________

Phone # ________________________ Alternate/Cell phone # _________________________

Parent E-mail _____________________________________________________________________

School Currently Attending ______________________________________________________

1. Will you be the first in your immediate family to graduate from college?  ____Yes  ____No
   If no, please indicate which parent/guardian has attended college and where they attended.
   _______________________________________________________________________________________________

2. Have you ever been enrolled in any honors, IB, and/or pre-AP classes before?  ____Yes  ____No

3. Have you been enrolled in an AVID elective class previously?  ____Yes  ____No
   If yes, which grade level? ___________

I understand that the information provided will be used as part of the AVID selection process.

Student Signature:  ___________________________________________________________________________________

Parent/Guardian Signature:  __________________________________________________________________________
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**Parent Information**

Parents highest level of Education (Circle one)

- Some High School
- High School Graduate (12th)
- Some College
- 2 year Degree/Certificate
- Bachelor's Degree
- Master's Degree
- Doctorate

Will you participate in AVID Parent Nights and other AVID activities?  

Yes  No

Parent/Guardian of applicant please respond to the following questions:

What do you see as your child's strengths?

______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

In what areas do you see your child needing help?

______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

How do you see your child benefiting from the AVID Program?

______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

How do you see yourself supporting your child in the AVID program?

______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

As a parent/guardian, I will:

- Support my child in his or her attempt to pursue the dream of going to college
- Be an advocate for his or her success
- Help ensure that my child is studying 1 to 2 hours after school
- Check to make sure my child is keeping an organized binder and planner
- AVID students' need parents' support and their involvement influences a successful student outcome.

Parent/Guardian Signature __________________________________________________________

__________________________________________________________
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Student Information

- I agree to following the requirements for the AVID class such as:
  - Taking notes in all my core subject areas as required in AVID.
  - Keeping my binder organized as required by AVID.
  - Maintaining good attendance and being punctual for all my classes.
  - Participate fully in tutorials as required by AVID.
  - Participate in field trips, college visitation and other AVID activities.

- I agree to keep my parents fully informed of AVID program activities.

- I agree to ask for help, talk to my AVID teacher or counselor if necessary.

- I agree to keep a positive attitude and be enthusiastic about preparing for college. AVID students put forth great effort. Even though many resources are used, the final determination of success is the students’ effort.

- I understand that AVID is a 4 year program. AVID students maintain an academic curriculum that includes an AVID class every year which will count as an elective class.

- I understand that I need to complete community service each semester. AVID students are role models for the program, other students and the community.

- I understand that adhering to the responsibilities and expectations of the AVID program greatly increases my opportunity to be successful at the Phoenix Union-Wilson College Prep High School.

As an AVID student I am willing to strive beyond my limits and push beyond the obvious!

Student Signature ____________________________________
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Short Essay Responses

Please type or legibly write your answers to the following questions.

1. Do you dream of going to college, why or why not?
2. Describe your future self and explain how you are determined to achieve your goals?
3. What is most challenging for you in school? And why?

______________________________________________________________________________________________________________
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Recommendation Form

Date: ______________

Person Completing Recommendation Form (Name and Relationship to the student):
______________________________________ / ______________________________________
(i.e. Teacher/Counselor/Administrator/Coach)

_________________________ (student name) is an applicant for the Phoenix Union-Wilson College Prep High School please complete the questions below to the best of your ability. *Note to person completing this form, to ensure security please place the recommendation in a sealed envelope for the student to attach to the application*

1. The student is in the middle and could succeed in a rigorous curriculum with the support of the AVID class, and might be (Check all that apply)
   ○ Traditionally undeserved in colleges
   ○ Disadvantaged, (Low SES, Special Circumstance)
   ○ First generation college attendee
   ○ Not meeting potential

2. The student is in the academic middle.
   ○ Yes
   ○ No

3. The student has appropriate classroom behavior (1 being poor and 5 being exceptional).
   1  2  3  4  5

4. The student has good attendance (1 being poor and 5 being exceptional).
   1  2  3  4  5

5. The student has the potential to meet four year college entrance requirements upon high school graduation (1 less likely and 5 highly likely).
   1  2  3  4  5

6. The parents and the student have the motivation and desire to prepare for entrance to a four year college or university (1 less likely and 5 highly likely).
   1  2  3  4  5

Other Comments: ____________________________________________________________________

Teacher/Counselor/Administrator Signature: _________________________________
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Recommendation Form

Date: __________________

Person Completing Recommendation Form (Name and Relationship to the student):
______________________________________ / ______________________________________
(i.e. Teacher/Counselor/Administrator/Coach)

_________________________ (student name) is an applicant for the Phoenix Union-Wilson College Prep High School please complete the questions below to the best of your ability. *Note to person completing this form, to ensure security please place the recommendation in a sealed envelope for the student to attach to the application*

1. The student is in the middle and would not succeed in a rigorous curriculum without the support of the AVID class, and might be (Check all that apply)
   o Traditionally undeserved in colleges
   o Disadvantaged, (Low SES, Special Circumstance)
   o First generation college attendee
   o Not Meeting Potential

2. The student is in the academic middle.
   o Yes
   o No

3. The student has appropriate classroom behavior (1 being poor and 5 being exceptional).
   1  2  3  4  5

4. The student has good attendance (1 being poor and 5 being exceptional).
   1  2  3  4  5

5. The student has the potential to meet four year college entrance requirements upon high school graduation (1 less likely and 5 highly likely).
   1  2  3  4  5

6. The parents and the student have the motivation and desire to prepare for entrance to a four year college or university (1 less likely and 5 highly likely).
   1  2  3  4  5

Other Comments: ___________________________________________________________

Teacher/Counselor/Administrator Signature: _________________________________