



TO THE STUDENT: Please submit the items if the school you are applying to requires them. Go to [www.gatewaytoprepschools.com/member-schools](http://www.gatewaytoprepschools.com/member-schools) for information on which forms are required by the school. Submitting these forms through the online Gateway system ([www.gatewaytoprepschools.com](http://www.gatewaytoprepschools.com)) is preferred by receiving schools.

Student's Name \_\_\_\_\_  
Last First Middle Current Grade

Student's Address \_\_\_\_\_  
City/Town State/Province Country Zip/Postal Code

Current School \_\_\_\_\_

TO THE PRINCIPAL/COUNSELOR: If you are the person who also manages grade reports, you should also have received separate requests to complete the Previous Grades and/or Current Academic Year Grades. If you haven't yet received these requests, please follow up with the student.

Having trouble? Visit the Member Schools page at [www.gatewaytoprepschools.com/member-schools](http://www.gatewaytoprepschools.com/member-schools) for contact information.

What are the first three words that come to mind to describe this student?

Please comment on this student's character, citizenship, and contributions to your community.

Last Name, First Name, Middle Name  
Applying for

Date of Birth  
Gender

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

If the student's attendance record is not listed on the transcript, please indicate the number of days they have been absent or tardy each year while at your school.

If the student is not, or has not been, in good academic standing, please explain.

Has the student ever been dismissed, suspended, placed on probation, or received other serious disciplinary sanctions?  Yes  No

Have they withdrawn from school voluntarily for an extended period of time for other than reasons of health?  Yes  No

If the answer to either of these questions is yes, please provide an explanation.

Please add any additional information that will provide a more complete picture of the student.

Last Name, First Name, Middle Name  
Applying for

Date of Birth  
Gender

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

Please place check marks at the points that represent your evaluation of the student in comparison to other students in their age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below Average	No basis for judgment
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to Work Independently						
Organization						
Creativity						
Willingness to Take Intellectual Risks						
Concern for Others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is particularly weak or strong in any areas listed above, please elaborate.

Thank you for taking your valuable time to complete this recommendation. Your reflections are an important part of the student's application.

May we contact you for further information about this candidate?  Yes  No

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
School Address

\_\_\_\_\_  
Printed Name

\_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_

\_\_\_\_\_  
School Email Address

\_\_\_\_\_  
Telephone

Last Name, First Name, Middle Name Applying for	Date of Birth Gender
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