



TO THE STUDENT: Visit [www.gatewaytoprepschools.com/member-schools](http://www.gatewaytoprepschools.com/member-schools) for information on which forms are required by the schools to which you are applying.

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

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

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

TO THE PRINCIPAL/COUNSELOR: If you are the person who also manages grade reports, you should also have received separate requests to complete the form "Previous Grades" and/or "Current

Academic Year Grades." If you haven't yet received these requests, please follow up with the student.

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

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### Character Traits

Please indicate the frequency with which the applicant has demonstrated these traits:

	Rarely	Sometimes	Usually	Very Often	Always	No Basis for Judgment
Intellectual Engagement						
Initiative						
Work Ethic						
Resilience						
Honesty/Integrity						
Maturity						
Concern for Others						
Teamwork						

Please describe instances displaying 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 \_\_\_\_\_

Please add any observations that will provide a more complete picture of the student, obstacles they have faced, or accomplishments that are particularly noteworthy:

Attendance/Academic Standing/Discipline

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Have they withdrawn from school voluntarily for an extended period of time for other than reasons of health?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.

Thank you for taking the 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

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

\_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_

\_\_\_\_\_  
School

\_\_\_\_\_  
Telephone

Last Name, First Name, Middle Name

Date of Birth

Applying for

Gender