

## **Optional Additional Grades**

TO THE STUDENT: Please submit the items if the school you are applying to requires them. Go to 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) is preferred by receiving schools.

You should request each item from the official or officials at your school who handle such requests. In some cases, one school official may submit all of the items; in other cases, different school officials may submit each

Only share additional required grade reports here, if applicable. Send this request for additional grades to a school official only if:

- You have attended more than two schools in the past three years and need additional space to share required grade reports.
- A member school has reached out requesting a missing required grade

| Student's Name           | Last  | First                                      | Middle                          | Current Grade               |
|--------------------------|---|--|---------------------------------|-----------------------------|
| tudent's Address         |   |  |                                 |                             |
| tudent's Address         |   |  |                                 |                             |
|                          | City/Town   | State/Province                             | Country                         | Zip/Postal Code             |
| urrent School            |   | Previous School At                         | tended                          |                             |
|                          |   |  |                                 |                             |
|                          |   |  |                                 |                             |
| O THE SCHOOL OF          | FICIAL: Please submit the                               | specified grade                            |                                 |                             |
| eport(s) noted in the    | email request from gateway                              | toprepschools.com.                         |                                 |                             |
|                          | the Member Schools page a<br>hools.com/member-schools f |  |                                 |                             |
| ·ww.gatewaytoprepse      | moots.comy member senoots i                             | or contact information.                    |                                 |                             |
|                          |   |  |                                 |                             |
| school serves grades: _  | to  | Number of students in entire               | school:                         |                             |
| n what month does yo     | ur school year begin?                                   | end?                                       | _                               |                             |
| Please explain your gra  | ding scale  |  |                                 |                             |
| •                        |   | g., the percentage of students in the appl | icant's grade/year who earn A's | s, the percentage who       |
| arn B's, and the percer  | ntage who earn C's, etc.)                               |  |                                 |                             |
|                          |   |  |                                 |                             |
| Does your school rank?   | Yes No Is   | syour rank: Approximate Exa                | ct How many students are in     | the entire grade?           |
| Does your school use a   | block scheduling system?                                | Yes No                                     |                                 |                             |
| `his candidate ranks _   | out of  | other students                             | share this rank.                |                             |
| are students placed in   | sections according to ability?                          | Yes No If yes, please tell                 | us in which level the applicant | is placed for each subject. |
|                          |   |  |                                 |                             |
|                          |   |  |                                 |                             |
|                          |   |  |                                 |                             |
| ast Name, First Name, Mi | iddle Name  |  |                                 | Date of Birth<br>Gender     |

| Name of Student   |                           |                                  |                          |
|---|---------------------------|----------------------------------|--------------------------|
|   |                           |                                  |                          |
|   |                           |                                  |                          |
|   |                           |                                  |                          |
| If the student's attendance record is not listed on the transcript, pyour school. | lease indicate the number | of days they have been absent or | tardy each year while at |
| Jour serios.  |                           |                                  |                          |
|   |                           |                                  |                          |
|   |                           |                                  |                          |
|   |                           |                                  |                          |
|   |                           |                                  |                          |
|   | 1                         |                                  |                          |
| If the student is not, or has not been, in good academic standing, I              | blease explain.           |                                  |                          |
|   |                           |                                  |                          |
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|   |                           |                                  |                          |
| May we contact you for further information about this candidates                  | Yes No                    |                                  |                          |
|   |                           |                                  |                          |
| Signature Date  | School                    | Address                          |                          |
| Duce Duce   | Belloof                   | . Iddi Coo                       |                          |
| Printed Name  | <del></del>               |                                  |                          |
|   |                           |                                  |                          |
| Title   | <del></del>               |                                  |                          |
|   |                           |                                  |                          |
| School Email Address  | Telepho                   | one                              |                          |
|   |                           |                                  |                          |
| Last Name, First Name, Middle Name  |                           |                                  | Date of Birth            |
| Applying for  |                           |                                  | Gender                   |