



**TO THE STUDENT:** Please submit the following 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.

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 following items; in other cases, different school officials may submit each item.

1. This Principal/Counselor Recommendation
2. Official Transcript (include with the Transcript Report at conclusion of school's first grading period)
3. Transcript Report (submit at conclusion of school's first grading period)

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:** Please submit the following items if the school your student is 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.

In some cases, one school official may submit all of the following items; in other cases, different school officials may submit each item:

1. This Principal/Counselor Recommendation
2. Official Transcript (include with the Transcript Report at conclusion of school's first grading period)
3. Transcript Report (submit at conclusion of school's first grading period)

If you are the person who also manages transcripts, you should also have received a request to complete the Transcript Report. If you haven't yet received this request, 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

Date of Birth

Applying for

Gender

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

If the student's attendance record is not listed on the transcript, please indicate the number of days he or she has 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

Has he or she 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 his or her 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.

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

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

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

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone

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