



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 item.

Send this request to the school official responsible for grade reports at your current school. The school will be responsible for sending your grades from the past two years:

- If you are new to your school this year, send this request to the school official responsible for grade reports at your previous school.

Student's Name _____
Last First Middle Current Grade

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

Current School _____ Previous School Attended _____

TO THE SCHOOL OFFICIAL: Please submit Previous Grades for the past two years. It is our preference that Previous Grades be submitted separately from Current Academic Year Grades. However, if your school grade report includes current grades and previous grades, please also submit a copy to the Current Academic Year Grades to complete both requirements on the student's application requirement checklist.

Having trouble? Visit the Member Schools page at www.gatewaytoprepschools.com/member-schools for contact information.

School serves grades: _____ to _____ Number of students in entire school: _____

In what month does your school year begin? _____ end? _____

Please explain your grading scale _____

Please describe your academic grade distribution (e.g. what percentage of your students receive A, B or C grade) _____

Does your school rank? Yes No Is your rank: Approximate Exact How many students are in the entire grade? _____

Does your school use a block scheduling system? Yes No

This 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.

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.

Signature Date

School Address

Printed Name

E-mail Address

Title

Telephone

Last Name, First Name, Middle Name
Applying for

Date of Birth
Gender