



Gateway High School 9th Grade Student Application

Please attach a recent photo of you in this box. The photo is optional. It does not affect your application, it just helps us connect a name to a face.

To the applicant:
Due by January 29, 2010 - Please type or print neatly

Student Statement

Student Information

Last Name _____ First Name _____ Male _____ Female _____
 Preferred Name (nickname) _____ Birthdate ____-____-____
 Home Address _____
 City _____ State _____ Zip _____
 Home Phone Number (____) _____ Cell Phone Number (____) _____

Optional Information

How did you hear about Gateway High School? _____
 What is your ethnic background? _____
 Are you eligible for a free or reduced lunch? No ___ Free ___ Reduced ___ Don't know ___
 Do you have an IEP on file: No ___ Yes ___ If so, please include the *most recent* IEP on file.
 Have you had any educational assessments done outside of school? No ___ Yes ___ If so, please include your *most recent* assessment.

School Information

Current School _____ Number of years at this school _____
 School Address _____ Phone Number (____) _____
 City _____ State _____ Zip _____

List the names of your current teachers who will be submitting recommendations on your behalf:

1. English _____
2. Math _____

Please list all previous schools you have attended:

School Placement	Grades Attended
_____	_____
_____	_____
_____	_____
_____	_____



To the Applicant: Please write your answers in complete sentences and in your own handwriting. Please use as much of the provided space as you need.

Please list your most current extracurricular, community and personal activities in the order of their significance and interest to you.

Please complete the following phrases:

My best qualities are: _____

When I graduate from high school, I hope: _____

Gateway is a good school for me because: _____



Gateway High School

Parent / Guardian Form

Applicant Name (Last, First) _____

Mother / Guardian I

Father / Guardian II

Name	Name
Relationship to Applicant	Relationship to Applicant
Home Address	Home Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone (optional)	Cell Phone (optional)
Occupation/Place of Work	Occupation/Place of Work
Educational Level (optional)	Educational Level (optional)
Email Address (optional)	Email Address (optional)

The following questions are optional:

If parents are separated or divorced, with whom does the student reside? _____

Primary Language spoken at home: _____

Grandparents:

Name (s) _____

Address _____ Phone _____

Please describe any special service your child is currently receiving or has received (e.g. tutoring, speech/language therapy, etc.):

Please attach any documentation that would help us better understand your child (e.g. his/her most recent IEP, outside assessments, etc.).



Parent / Guardian Questionnaire

You may complete this form in your primary language. Please use as much space provided on this form as you need.

Why do you believe Gateway is the right high school for your child? _____

Please describe your child's school experience during the past two years. _____

Please tell us about your child's strengths. _____



Gateway High School

English Teacher Input Form

Student: Please fill in your name and then give this form to your **current** English teacher.

Applicant Name (Last, First) _____

Current School _____

To the Teacher: Gateway High School is a college preparatory high school which provides personalized approaches to learning in and out of the classroom. With this in mind, please complete the following recommendation form for the student named above. Your candid assessment of this student will greatly assist us in meeting the student's needs if they matriculate at Gateway. Your comments will be considered confidential and will not become a part of the student's permanent file.

Personal & Academic Qualities

	N/A	Poor	Fair	Average	Good	Excellent
Intellectual Curiosity						
Self-Confidence						
Leadership Potential						
Personal Integrity						
Maturity Relative to Peers						
Study Habits						
Organizational Skills						
Classroom Behavior						
Attention Span						
Motivation						
Attendance						

English Language Arts Skills and Content Overview

	Far Below Basic	Basic	Proficient	Advanced	N/A
Reading comprehension level					
Awareness of reading strategies: summarizing, predicting, clarifying, connecting, questioning					
Ability to use context clues for comprehension					
Vocabulary knowledge					
Knowledge of basic literary terms: Setting, plot, symbol, theme, etc.					
Ability to discuss literature in groups					
Ability to write a persuasive paragraph with evidence					
Ability to write a persuasive essay with evidence					
Ability to write in complete sentences—simple and compound.					
Ability to self-edit writing for capitalization, punctuation, spacing, and other basic errors					



English Teacher Input Form (Continued)

1. Please compare this student's academic achievement to his/her ability.

2. What type of special attention might this student require, whether for remediation or enrichment?

3. Are there any special circumstances in this student's life about which we should be aware?

4. Comment on this student as a person. (Consider maturity, integrity, relationship with peers, self-confidence.)

5. Would this student benefit from a basic reading class with a primary focus on decoding/phonics skills and spelling?

I recommend this student:	Not at All	With Reservation	Mildly	With Confidence	Enthusiastically
Academic Ability and Promise					
Character and Personal Promise					
Overall					

Your name _____ Number of years you have known the applicant _____
 School Address _____ School phone _____
 Subjects you have taught the applicant _____
 Signature _____ Date _____



Gateway High School

Mathematics Teacher Input Form

Student: Please fill in your name and then give this form to your **current** Math teacher.

Applicant Name (Last, First) _____

Current School _____

To the Teacher: Gateway High School is a college preparatory high school which provides personalized approaches to learning in and out of the classroom. With this in mind, please complete the following recommendation form for the student named above. Your candid assessment of this student will greatly assist us. Your comments will be considered confidential and will not become a part of the student's permanent file.

Personal & Academic Qualities

	N/A	Poor	Fair	Average	Good	Excellent
Intellectual Curiosity						
Self-Confidence						
Leadership Potential						
Personal Integrity						
Maturity Relative to Peers						
Study Habits						
Organizational Skills						
Classroom Behavior						
Attention Span						
Motivation						
Attendance						

Mathematical Knowledge

	N/A	Poor	Fair	Average	Good	Excellent
Integers						
Prime factorization, GFC, LCM						
Decimals						
Fractions						
Percents						
Solve 1-step equations						
Solve 2-step equations						
Word problems						
Exponents						
Solve linear equations (slope-intercept, standard, point-slope)						
Graph linear equations						
Solve systems of linear equations						
Graph systems of linear equations						
Solve quadratic eq. using sq. root						
Solve quadratic eq. using quad. formula						
Graph quadratics						
Add, subtract, multiply polynomials						
Factor polynomials						



Mathematics Teacher Input Form (continued)

Applicant Name (Last, First) _____

Current School _____

Current Math class _____

Section level of course: Remedial ____ Regular ____ Mixed Ability ____ Advanced ____

Textbook used _____ Chapters covered _____

First Semester grade _____ Estimated/Expected – Second Semester grade _____

Gateway High School's Math Department policy requires that students perform at 70% or better in their Math classes in order to move to the next level class. A placement test designed by our Math Dept. will be given to those students who are accepted for enrollment.

Suggested math placement for 9th grade: Pre-Algebra ____ Algebra I ____ Geometry ____

Please compare this student's academic achievement to his/her ability.

Does this student require any special attention (either in remediation or enrichment)?

Are there any special circumstances in this student's life about which we should be aware?

Comment on this student as a person. (Consider maturity, integrity, relationship with peers, self-confidence.)

I recommend this student:	Not at All	With Reservation	Mildly	With Confidence	Enthusiastically
Academic Ability and Promise					
Character and Personal Promise					
Overall					

Your name _____ Number of years you have known the applicant ____

School Address _____ School phone _____

Subjects you have taught the applicant _____

Signature _____ Date _____



Gateway High School

Academic Record Release Form

To the Applicant: Please complete the first part of this form with your parent or guardian and then **submit the form to your current school's office.**

Applicant Name (Last, First) _____

Current School _____ Current Grade: _____

To the Parent or Guardian: Please read and sign the statement below.

I authorize _____ (current school) to release school academic records, including transcripts, standardized testing results, attendance records and documentation of special education plan, if applicable/

Parent / Guardian Signature _____ Date _____

To the School:

The student listed above is applying to Gateway High School. To aid our admission process, please send this student's academic records from **6th grade to present** including **Transcripts, Standardized Test Scores** (CAT 6, CST, STAR, SSAT, etc.) **Attendance Records**, documentation of a **Special Education Plan** (including IEP, 504, private educational assessment, etc.), and any other relevant academically related documentation.

Thank you for your assistance.

Please send this information (including this form) to:

Gateway High School

Attn: Enrollment Office

1430 Scott Street

San Francisco, CA 94115

Phone: (415) 749-3488/ Fax: (415) 749-2716



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Gateway High School

Resource/ Special Education Teacher/Learning Specialist Input Form:

To The Applicant: Please submit if applicable

To the Teacher: Gateway High School is a college preparatory high school. One of Gateway's emphases is working with students with learning differences. Because our curriculum is very rigorous, students who are most successful at Gateway display a high level of motivation, independence, and follow through. With this in mind, please complete the following input form for the student named above. The information you provide will greatly assist us. Your comments will be considered confidential and will not become a part of the student's permanent file.

Applicant Name: _____ **School:** _____

SPED Teacher/Learning Specialist: _____ **Title:** _____

School Phone Number: _____ **Email :** _____

Please check the services this student is currently receiving:

___ **RSP Services** **Eligibility Category (i.e, SLD, ED, OHI) :** _____

___ Consultation ___ Push in Support ___x week in following subjects: _____

___ Pull out Remediation: Subject/ Areas: _____

___ Behavior Plan ___ Speech and Language ___ SB1895/AB3632

___ Other (Special Day Class_____; Inclusion _____)

Has this student ever participated in a SDC or Inclusion Program. If so, when?

Academic Year _____

School _____

For Learning Specialists at private schools, has the student ever had an IEP or been evaluated for special education services in a public school?



**Resource/ Special Education Teacher/Learning Specialist Input Form
(Continued)**

From your perspective, what are the student's greatest strengths?

What are the student's areas of need and what specific supports/ accommodations does the student need to be successful?

What behaviors, if any, tend to interfere with the student's ability to be academically successful?

Would this student benefit from a basic reading class with a primary focus on decoding/phonics skills and spelling?

Is there anything else we should know about this student? Are there any additional issue/concerns we should know about? (feel free to provide attachment with any further relevant information)



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