



**THE HOTCHKISS SCHOOL
APPLICATION FOR ADMISSION**

SEPTEMBER 2024



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Dear Candidate:

Thank you for choosing to apply to The Hotchkiss School. This is an exciting time in your life, and we hope to be as helpful as possible as you match your aspirations and talents with the unique opportunities available here. Evaluating your application is a privilege that we take seriously. We are all looking forward to getting to know you and your family better over the next several months.

To assist you in this process, the checklist below outlines the various details you must fulfill in order to complete your application by January 15, 2024.

Required Materials:

- [Gateway to Prep Schools Candidate Profile](#) (online application).
Please submit as soon as possible, preferably before your interview.
- The application fee is \$75.00.
To request a fee waiver contact our office at admission@hotchkiss.org.
- Personal Interview. Interviews are available through mid-January.
- Candidate Essays
- Parent Statement
- Principal/Counselor Recommendation (sent directly by your school)
- Grades (past and current grades sent directly by your school)
- English and Math Recommendation Forms
(to be sent directly by your current teachers)
- Personal or Special Interest Recommendation Form

Standardized Testing:

- Optional for applicants for the 9th & 10th grade: SSAT or ISEE
- Required for applicants for 11th & 12th grade and post-graduate years: PSAT, SAT, ACT, SSAT, or state- or country-mandated testing administered within the preceding two years.
- Required for students who have not attended a school for three or more years where English is the primary mode of instruction: TOEFL, IELTS, or Duolingo English Test

Recommended But Not Required:

- Music recording, art portfolio, or athletic video. Please see Candidate Essays for instructions.

We are here to make the application process work for all. If you have any questions about the process, please contact our office at admission@hotchkiss.org.

Sincerely,

Erby Mitchell

Dean of Admission and Financial Aid

Contact Information

The Hotchkiss School

Office of Admission and Financial Aid
11 Interlaken Road • Lakeville, CT 06039-2141
Phone: 860-435-3102 Facsimile: 860-435-1525
Email: admission@hotchkiss.org
Website: www.hotchkiss.org

Financial Aid - Clarity Tuition

Phone: +1-206-210-3752
Email: support@claritytuition.com
Website: <https://auth.clarityapp.com/en/signup/>
In-app support through the “Help” button in the lower left corner

Deadlines

Application Deadline: January 15, 2024
Financial Aid Application Deadline: January 15, 2024
Decision letters released: March 10, 2024

Testing

For the 2023-24 admission cycle, students applying to the 9th and 10th grades are welcome, but not required, to submit SSAT or ISEE test scores. Students applying to the 11th and 12th grades or for a post-graduate year are required to submit a PSAT, SAT, ACT, SSAT, or state or country-mandated testing administered within the preceding two years.

Secondary School Admission Test Board (SSAT)

Phone: 609-683-4440
Email: info@ssat.org
Website: www.ssat.org
Hotchkiss School Code: 4012

Independent School Entrance Exam (ISEE)

Phone: 212-672-9800
Email: isee@erblearn.org
Website: <https://www.erblearn.org/parents/isee-by-erb>
Hotchkiss School Code: 070335

SAT Reasoning Test

Phone: 866-756-7346, International callers: 212-713-7789
Website: www.collegeboard.org
Hotchkiss School Code: 070335

Preliminary SAT (PSAT/NMSQT)

Phone: 866-433-7728, International callers: 212-713-8105
Email: psathelp@info.collegeboard.org
Website: <https://collegereadiness.collegeboard.org/psat-nmsqt-psat-10>
Hotchkiss School Code: 070335

ACT

Phone: 319-337-1270
Website: www.actstudent.org
Hotchkiss School Code: 070335

TOEFL/ETS Services

Required for candidates whose native language is not English. If a candidate has attended a school for three or more years where English is the primary mode of instruction, TOEFL is not required.
Phone: 609-771-7100
Website: www.ets.org/toefl
Hotchkiss School Code: 8199



The Candidate Profile is a biographical information form accepted by schools participating in the Gateway to Prep Schools. These schools are dedicated to simplifying the application process for admission candidates and their families. Visit gatewaytoprepschools.com to learn more about participating schools, their respective application processes, and the Gateway initiative.

Generally it is preferable that admission candidates submit their Candidate Profile on line at www.gatewaytoprepschools.com, but you may make copies of your paper form and mail them, along with application fees, to each participating school. *If you have submitted a Candidate Profile to a school on line, DO NOT send a paper copy of the Candidate Profile to that school.*

Note: The Candidate Profile is only one section of a complete application.

Schools communicate frequently by e-mail. If you are submitting a paper application, please be sure to write your e-mail address legibly. You may receive important messages about your application through e-mail. Be sure to check your e-mail frequently and let schools know if you change your e-mail address.

Biographical Information

Name _____
Last First Middle Suffix

Preferred First Name _____ Pronouns _____

Permanent Address _____

City/Town State/Province Country Zip/Postal Code

Home Telephone _____ Candidate's Cell Phone (if any) _____
(e.g. 412 555-1212) (e.g. 412 555-1212)

Gender: Female Male Self-Identify _____ Candidate's E-mail _____
Please print clearly

Date of Birth _____ Place of birth _____
yyyy/mm/dd City State Country

Language spoken in your home _____ Term of Proposed Entrance _____

Current Grade _____ Applying for Grade _____ Residential Status: Day Student Boarding Student

The Form I-20 is only necessary for citizens of other countries who wish to study in the United States. Upon entering the United States, international students must present the Form I-20 and the F-1 Visa. For more information, please go to: <https://studyinthestates.dhs.gov/students-and-the-form-i-20>

Will you require a Form I-20 for an F-1 Visa to enter the United States? Yes No

If yes, which citizenship should be listed on the Form I-20? _____

Country of citizenship (if applicable) _____

Gateway member schools encourage applicants from families of all educational backgrounds. We believe that an independent school education is transformative, thus we are particularly interested in offering this experience to first generation students, e.g. those candidates whose parents or guardians do not have a college degree.

Are you a first generation student? Yes No

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

Optional Background Information

In an effort to fully capture the identities of all students in our community, we encourage you to consider checking all that apply.

- African American or Black, country of family's origin _____
- Asian American or Asian, country of family origin _____
- Hispanic or Latino/a/x, country of family origin _____
- Middle Eastern, country of family origin _____
- Native American or Alaska Native, tribal affiliation: _____ date enrolled: _____
- Native Hawaiian or Other Pacific Islander, country of family origin _____
- White or Caucasian, Non Hispanic/Latinx, country of family origin _____
- Other, please specify _____
- Prefer not to respond

Educational Background

Name of present school _____

Number of years attended _____ Present school ends after grade _____

School Address _____
Street

City/Town State/Province Country Zip/Postal Code

School Type: Public School Private School: Day Student Private School: Boarding Student
 Parochial School Charter School Home School Online School

List the names and addresses of any other school you have attended since sixth grade:

Year(s) Attended	School Name	School Address
-	_____	_____
-	_____	_____
-	_____	_____

Has your child ever been dismissed, suspended, placed on probation, or received other serious disciplinary sanctions? Yes No

Has your child 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.

Last Name, First Name, Middle Name

Applying for

Date of Birth

Gender

Academic and Personal Achievements

List or briefly describe any academic or personal achievements of which you are especially proud. Use this area to note any academic honors you have received.

Multimedia

If you would like to provide a url to an existing website with multimedia content, you may do so below. Examples of multimedia content that students have provided in the past are: links to newspaper articles, YouTube videos, music files, or a personal website they have created. Be sure to provide a description of the link in the space provided. NOTE: If you have more than two links you may add them to the "Additional Information" section on page 1G.

Link to Multimedia _____

Category (eg instrument, sport, drama) _____

Description:

Link to Multimedia _____

Category (eg instrument, sport, drama) _____

Description:

Last Name, First Name, Middle Name

Applying for

Date of Birth

Gender

Family Information (Household 1)

Parents/guardians are listed according to the household in which they live. If the student has two parents/guardians living in the same household, please record their information in the parent/guardian sections under Household 1. If the student has two parents/guardians living in separate households, record one parent/guardian's information in the first section of Household 1 and the other parent/guardian's information in the first section of Household 2.

Parents/Guardians' Marital status (relative to each other): Married Single Separated Divorced Widowed Other

Household 1 Information (Household 1 is the candidate's primary place of residence.)

Permanent Address _____

City/Town

State/Province

Country

Zip/Postal Code

Home Phone _____

(e.g. 412 555-1212)

Household 1 Parent/Guardian

Parent/Guardian Type: Father Mother Guardian Living Deceased

Name _____
Prefix First Middle Last Suffix

This Parent/Guardian has legal guardianship of the candidate.

Preferred Name or Nickname _____

Employment Status: Employed Not Employed at This Point

Occupation/Title _____ Employer _____

Business Address _____

Home Phone (Not Cell Phone) _____ Cell Phone _____ Work Phone _____
(e.g. 412 555-1212) (e.g. 412 555-1212) (e.g. 412 555-1212)

Preferred E-mail _____ Parent/Guardian's Place of Birth _____
City State Country

High School Attended (if any) _____

College Attended (if any) and Degree Earned _____

Graduate School Attended (if any) and Degree Earned _____

Household 1 Parent/Guardian

Parent/Guardian Type: Father Mother Partner Living Deceased Unknown
 Stepfather Stepmother Guardian

Name _____
Prefix First Middle Last Suffix

This Parent/Guardian has legal guardianship of the candidate.

Preferred Name or Nickname _____

Employment Status: Employed Not Employed at This Point

Occupation/Title _____ Employer _____

Business Address _____

Home Phone (Not Cell Phone) _____ Cell Phone _____ Work Phone _____
(e.g. 412 555-1212) (e.g. 412 555-1212) (e.g. 412 555-1212)

Preferred E-mail _____ Parent/Guardian's Place of Birth _____
City State Country

High School Attended (if any) _____

College Attended (if any) and Degree Earned _____

Graduate School Attended (if any) and Degree Earned _____

Last Name, First Name, Middle Name

Date of Birth

Applying for

Gender

Family Information (Household 2)

Household 2 Information

Permanent Address _____

City/Town

State/Province

Country

Zip/Postal Code

Home Phone _____

(e.g. 412 555-1212)

Household 2 Parent/Guardian

Parent/Guardian Type: Father Mother Guardian Living Deceased

Name _____

Prefix

First

Middle

Last

Suffix

This Parent/Guardian has legal guardianship of the candidate. Preferred Name or Nickname _____

Employment Status: Employed Not Employed at This Point

Occupation/Title _____ Employer _____

Business Address _____

Home Phone (Not Cell Phone) _____ Cell Phone _____ Work Phone _____

(e.g. 412 555-1212)

(e.g. 412 555-1212)

(e.g. 412 555-1212)

Preferred E-mail _____ Parent/Guardian's Place of Birth _____

City

State

Country

High School Attended (if any) _____

College Attended (if any) and Degree Earned _____

Graduate School Attended (if any) and Degree Earned _____

Household 2 Parent/Guardian

Parent/Guardian Type: Father Mother Partner Living Deceased Unknown
 Stepfather Stepmother Guardian

Name _____

Prefix

First

Middle

Last

Suffix

This Parent/Guardian has legal guardianship of the candidate. Preferred Name or Nickname _____

Employment Status: Employed Not Employed at This Point

Occupation/Title _____ Employer _____

Business Address _____

Home Phone (Not Cell Phone) _____ Cell Phone _____ Work Phone _____

(e.g. 412 555-1212)

(e.g. 412 555-1212)

(e.g. 412 555-1212)

Preferred E-mail _____ Parent/Guardian's Place of Birth _____

City

State

Country

High School Attended (if any) _____

College Attended (if any) and Degree Earned _____

Graduate School Attended (if any) and Degree Earned _____

Last Name, First Name, Middle Name

Applying for

Date of Birth

Gender

Family Information (Siblings and Alumni)

Siblings

Please list all siblings, if any.

Last Name	First Name	Middle Initial	Date of Birth	Gender	Most Recent School or College Attended

If you have more than four siblings, please list them in the "Additional Information" below.

Alumni

Please list family members who have attended an independent school, if any.

Name	Relationship to Candidate	School	Class Year

If you have more than four alumni, please list additional family members in the "Additional Information" section.

Additional Information / Explanation

If you would like to provide any additional information that was not specifically requested or did not fit in the spaces provided, you may use the space below.

Last Name, First Name, Middle Name
Applying for

Date of Birth
Gender

Financial Aid (To be completed by the parents/guardians)

Is your child an applicant for financial aid? Yes No

Parents/Guardians must select one of the above options. Checking “yes” enables schools to send you information about financial aid policies. Financial aid programs may differ from school to school so please be sure to consult with each school.

Personal Interview

Interviews are helpful to schools and candidates alike. Please consult the schools to which you are applying regarding deadlines and procedures for scheduling an interview.

Signatures

In consideration of the undertaking by the admission offices at the schools to which this Candidate Profile will be submitted, the undersigned agree that the information furnished on the final application forms, together with all information and materials of any kind received by the admission offices from any source, or prepared by anyone at its request, shall be completely confidential and shall not be disclosed to anyone, including the candidate and their family, except that the dean/director may, for official purposes at their discretion, disclose any part or all thereof to such person or persons as they deem advisable.

Candidate Confirmation Signature _____ Date _____

Parent/Guardian Confirmation Signature _____ Date _____

Parent/Guardian Confirmation Signature _____ Date _____

Authorization

By checking this box, I certify that all information submitted in the admissions process – including the Candidate Profile, other application materials, any essays, and any other supporting materials – is factually accurate and honestly presented. I understand that I may be subject to possible admission revocation should the information I've certified be false.

The required, nonrefundable application fee, as stated by individual schools, should be submitted to each school with the Candidate Profile.

Our schools do not discriminate on the basis of gender identity, race, color, disability, religion, sexual orientation, or national origin in the administration of our admission policies and financial aid programs.

Last Name, First Name, Middle Name

Date of Birth

Applying for

Gender



Candidate Essays

For Admission September 2024

Directions: To be completed by the candidate. Please print or type all information.
Please remember to also submit Candidate Profile and application fee.

Current grade: 7 8 9 10 11 12
Applying for grade: 9 10 11 12 PG

Please check one: Boarding Day

If you are applying as a day student, your primary residence must be within 30 miles of The Hotchkiss School at the time of application. Please note that residency changes might not be allowed once a student is admitted.

Candidate Information

Name of Candidate: _____
Last First Middle Suffix

Preferred First Name: _____ Gender: Male Female Self-Identify: _____

Mailing Address: _____
Street/P.O. Box Apartment Number

_____ *City State Country Zip/Postal Code*

Candidate E-mail: _____ Candidate Home Phone: _____

Citizenship: U.S. Citizen Dual U.S. Citizen U.S. permanent resident visa Other citizenship: _____

Date of Birth: _____ Place of Birth: _____
(mm-dd-yyyy) City State Country

Name of Present School: _____ What month does your school year begin?: _____

Native language: _____ Other language(s) spoken: _____

Have you attended a school for 3 or more years where English is the primary mode of instruction? No Yes

Have you ever applied to Hotchkiss before? No Yes If yes, when? _____

Have you ever attended the Hotchkiss Summer Portals program? No Yes If yes, when? _____

Do you have a sibling applying to Hotchkiss? No Yes

If yes, please tell us his/her name? _____

Have you had your interview yet? No Yes **(Interviews are required.)**

Name of Admission Interviewer: _____ Date of Interview: _____

Names of relatives, if any, who are alumni of Hotchkiss:

<i>First</i>	<i>Last</i>	<i>Class Year</i>	<i>Relationship to Applicant</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Candidate Essays

Hotchkiss is a place where young people with curiosity and open minds can learn and grow with each other in magical ways, in our classrooms, dorms, art galleries, and woods; on our playing fields, stages, lakes, and farm; and beyond. We hope you will be authentic and reflective in responding to the prompts below, and help us understand your character and potential to contribute meaningfully to our vibrant community. What kind of magic would you bring to Hotchkiss?

Short Responses: Complete each of the following phrases in 150 characters or fewer. Be as creative as you like.

1. I am not embarrassed to admit:
2. A guiding principle or motto in my family is...
3. The last gift I gave someone that wasn't bought with money...
4. A pet peeve of mine...
5. My most prized possession...

Short Essays: Please respond to two of the topics below in 150-300 words.

1. What is one thing you want to accomplish during your time at Hotchkiss?
2. Identify an issue in your school or local community. What have you been able to contribute so far to address it, and what might you be able to do in the future?
3. What is something you wish people knew about you?
4. Describe the environment in which you were raised, and how it impacted who you are today.
5. Describe a recent time you helped someone outside of your family?

Long Essay: Please respond to the prompt below in 300-500 words.

Tell us about a time that you learned something about who you really are when things didn't go as you had hoped. It can be adversity, disappointment, or a less-than-perfect moment, but help us understand what you learned in the process.

Supplemental Materials – *Optional* (Submission Deadline January 15, 2024)

If you consider your arts and/or athletic experience to be a major factor in your application profile, you may submit supplemental materials (in electronic format) in support of your application for review by our arts faculty and athletic coaches. If you have already submitted this material as part of your Candidate Profile, you must resubmit it to Hotchkiss using the methods described below. **Please do not send physical copies/materials.**

For submissions related to the arts please go to hotchkiss.slideroom.com.

For all other submissions, please send materials to admissionmaterials@hotchkiss.org. Preferred formats include: YouTube, Vimeo, QuickTime, MP4, M4V.

Please check here if you plan to submit supplemental materials in support of your application; provide the category and a brief description below.

Category (e.g., musical instrument, sport, art): _____

Description: _____

Additional Information

Have you ever been dismissed, suspended, placed on probation, or received other serious disciplinary sanction? Yes No

Have you withdrawn from school voluntarily for an extended period of time for reasons other than health? Yes No

If the answer to either or both of these questions is yes, please provide a full explanation on a separate piece of paper.

In consideration of the undertaking of the Office of Admission of The Hotchkiss School to process the undersigned candidate's application for admission and other related forms, the undersigned agree that the information furnished on the application for admission form, together with all information and materials of any kind received by the Office of Admission from any source or prepared by anyone at its request, shall be completely confidential and shall not be disclosed to anyone, including the candidate and his/her family, except that the Dean of Admission may, for official purposes at his discretion, disclose any part of or all thereof to such person as he deems advisable.

We certify that all information submitted in the admission process—including the Candidate Profile, Candidate Essays, other application materials, any supplements, and any other supporting materials—is factually accurate and honestly presented. We understand that the candidate may be subject to possible admission revocation should the information we have certified be false. Additionally, we certify that the Candidate Essays are entirely the candidate's work, and that they did not rely upon outside support beyond proofreading to prepare and present responses.

Candidate signature _____ Date _____

Parent/Guardian signature _____ Date _____

The Hotchkiss School reaffirms its longstanding nondiscriminatory policy and admits students of any religion, race, or national or ancestral origin to all rights, privileges, programs, and activities generally accorded or made available to students at The Hotchkiss School, and further states that The Hotchkiss School does not discriminate on the basis of religion, race, color, sex, gender identity, sexual identity, or national or ancestral origin in the administration of its educational policies, scholarship and loan programs, and athletic and other School-administered programs.



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.

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: If you are the person who also manages grade reports, you should also have received separate requests to complete the Previous Grades and/or Current Academic Year Grades. If you haven't yet received these requests, please follow up with the student.

Having trouble? Visit the Member Schools page at 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
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.

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.

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 their 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.

May we contact you for further information about this candidate? Yes No

Signature Date

School Address

Printed Name

Title

School Email Address

Telephone

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



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.

May we contact you for further information about this candidate? Yes No

Signature

Date

School Address

Printed Name

Title

School Email Address

Telephone

Last Name, First Name, Middle Name

Date of Birth

Applying for

Gender



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 after the conclusion of your 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 _____ Previous School Attended _____

TO THE SCHOOL OFFICIAL: Please submit Current Academic Year Grades after the conclusion of your school's first grading period. It is our preference that Current Academic Year Grades be submitted separately from Previous Grades. However, if your school grade report includes current and previous grades, please also submit a copy to

the Previous 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.

May we contact you for further information about this candidate? Yes No

Signature

Date

School Address

Printed Name

Title

School Email Address

Telephone

Last Name, First Name, Middle Name

Date of Birth

Applying for

Gender



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.

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 report.

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 the specified grade report(s) noted in the email request from gatewaytoprepschools.com.

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.

May we contact you for further information about this candidate? Yes No

Signature

Date

School Address

Printed Name

Title

School Email Address

Telephone

Last Name, First Name, Middle Name

Date of Birth

Applying for

Gender



TO THE STUDENT: Please provide your name and address below before giving this form to a recommender. If your recommender is submitting by

mail, please provide stamped, addressed envelopes for each of your schools. Let recommenders know the deadlines for each school.

Student's Name _____
Last First Middle Current Grade

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

TO THE TEACHER: The student named above is a candidate for admission. The Admission Committee places considerable weight on the academic and personal qualifications of each student. Your recommendation is vital to our process. We would appreciate your most candid and thoughtful

responses. The deadline for application to most schools is January 15. This recommendation will remain confidential and will not become part of the student's permanent record.

How well do you know the student academically? _____ As a person? _____

In what years did you teach the student? _____ How large is the class? _____

What course(s)? _____ Is the student on a block schedule? Yes No

Is this course part of a tracking system or designated as an honors or accelerated course? Yes No

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

How accurately does the student read and understand what they have read?"

How well does the student write in comparison with other students whom you have taught? Please be specific about areas of strength and weakness.

How well does the student accept advice or criticism?

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

1. _____ 2. _____ 3. _____

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

Name of Student _____

Please place check marks at the points that represent your evaluation of the student in comparison to other students in their 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 relatively weak or strong in any areas listed above, please elaborate.

Please comment on this student's character, citizenship, and contributions to your community.

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking your valuable 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

Title

School Address

School Email Address

Telephone

Last Name, First Name, Middle Name

Date of Birth

Applying for

Gender



TO THE STUDENT: Please provide your name and address below before giving this form to a recommender. If your recommender is submitting by

mail, please provide stamped, addressed envelopes for each of your schools. Let recommenders know the deadlines for each school.

Student's Name _____
Last First Middle Current Grade

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

TO THE TEACHER: The student named above is a candidate for admission. The Admission Committee places considerable weight on the academic and personal qualifications of each student. Your recommendation is vital to our process. We would appreciate your most candid and thoughtful

responses. The deadline for application to most schools is January 15. This recommendation will remain confidential and will not become part of the student's permanent record.

How well do you know the student academically? _____ As a person? _____

In what years did you teach the student? _____ How large is the class? _____

What course(s)? _____ Is the student on a block schedule? Yes No

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

Next year what math course would be the most appropriate placement for the student? _____

Is this course part of a tracking system or designated as an honors or accelerated course? Yes No

Student's Mathematical Background: The courses listed below suggest a sequence typical of the mathematics curriculum in many U.S. secondary schools. Please check those courses or list others which the student will have completed by the end of the current school year.

- | | |
|---|---|
| <input type="checkbox"/> Basic First Year Algebra (does not include extensive study of rational expressions, irrational numbers, and quadratic equations) | <input type="checkbox"/> Pre-Calculus (including analytical trigonometry) |
| <input type="checkbox"/> First Year Algebra (a thorough course which included quadratics) | <input type="checkbox"/> Calculus (an introduction) |
| <input type="checkbox"/> Geometry | <input type="checkbox"/> Calculus (Advanced Placement AB) |
| <input type="checkbox"/> Second Year Algebra (not including trigonometry) | <input type="checkbox"/> Calculus (Advanced Placement BC) |
| <input type="checkbox"/> Second Year Algebra (includes numerical trigonometry through the laws of sine and cosine) | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> _____ |

Please place check marks at the points that represent your evaluation of the student in comparison to other students in their 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
Knowledge of the Basic Skills						
Accuracy in the Use of Basic Skills						
Problem Solving Ability						
Reasoning Ability						
Understanding of and Appreciation for the Underlying Ideas and Concepts						
Effort						
Overall Performance						
Willingness to Accept the Challenge of the More Difficult Problems and Exercises						
Command of Mathematics When Compared to Other Students Whom You Have Taught						

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

Name of Student _____

Please place check marks at the points that represent your evaluation of the student in comparison to other students in their 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						
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 relatively weak or strong in any areas listed above, please elaborate.

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

1. _____ 2. _____ 3. _____

Please comment on this student's character, citizenship, and contributions to your community.

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking your valuable 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

Title

School Address

School Email Address

Telephone

Last Name, First Name, Middle Name

Date of Birth

Applying for

Gender



TO THE STUDENT: This recommendation should be given to an adult who is not related to you, but who knows you well. You may choose anyone who interacts with you on a regular basis and who knows you through one of your interests: an additional classroom teacher, for example, or an employer, a music instructor, a coach, or a member of the clergy. Before

giving this form to your recommender, please write your name and school below. If your recommender is submitting by mail, please provide stamped, addressed envelopes for each of your schools. Let recommenders know the deadlines for each school.

Student's Name _____
Last First Middle Current Grade

Current School _____

TO THE RECOMMENDER: Schools place considerable weight on the personal qualities of each candidate for admission. Your most candid and thoughtful responses are appreciated. The deadline for application to

most schools is January 15. This recommendation will remain confidential and will not become part of the student's permanent record.

In what context and for how long have you known the applicant?

What are the first words that come to mind to describe the applicant?

What do you feel is this individual's greatest strength?

Where do you see the most room for growth in this applicant?

Please comment on the applicant's performance in and commitment to extracurricular, community, or work involvements.

Last Name, First Name, Middle Name
Applying for

Date of Birth
Gender

Name of Student _____

What do you feel will be the applicant's contributions to a boarding school community? Please include in your response your reflections on the applicant's personal integrity, concern for others, dependability, respect accorded by peers, and respect accorded by adults.

I recommend this student for admission:

Enthusiastically Strongly Mildly With reservation Not at all

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the candidate's application. For submission by mail, please have this form postmarked by mid-January.

May we contact you for further information about this candidate? Yes No

Signature

Date

Printed Name

Relationship to Applicant

Mailing Address

Telephone

Email Address

Last Name, First Name, Middle Name
Applying for

Date of Birth
Gender



TO THE STUDENT: The information revealed in this optional form is supplemental to the application for admission. Not all, but some candidates have developed exceptional talents and abilities that are of interest to our extracurricular program directors. Consideration of extracurricular activities is only one of many factors weighed by the Admission Committee. Candidates who do not complete this form are given equal consideration. Give this form to a coach or instructor who is able to comment specifically on your abilities. You are free to duplicate this form if you wish to submit multiple recommendations. This form may be used in lieu of the Personal Recommendation.

TO THE RECOMMENDER: The student named below is a candidate for admission. Some candidates have developed exceptional talents and abilities that are of interest to our extracurricular program directors. Please share what you know about this candidate. Not every question on this form is relevant to this candidate. Please answer questions that are applicable. The deadline for application to most schools is January 15. This recommendation will remain confidential and will not become part of the student's permanent record.

Name _____
Last First Middle Suffix

School _____ Current Grade _____

In what context and for how long have you known the applicant?

What are the first words that come to mind to describe the applicant?

What do you feel is this individual's greatest strength?

Where do you see the most room for growth in this applicant?

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below average	No basis for judgment
Potential						
Achievement						
Talent						
Creativity						
Effort/Determination						
Work Ethic						
Concern for Others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Emotional Stability						
Leadership						
Teamwork						
Respect Accorded by Peers						

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

Athletics

Positions played:

Please provide event-specific times, speeds or other forms of measurements that reflect the candidate's proficiency. For example, if you coach a swimmer, a 100 freestyle time would be appropriate.

Optional: Height _____ Weight _____

Please list any awards or recognition, including participation on all-star teams.

How would you rate the candidate's ability in comparison to other members of the team and/or students you have coached in your career?

Music & Performing / Visual Arts

Describe as best as possible the candidate's level of talent or ability to perform:

If the candidate is enrolled in a specific school of instruction such as the Suzuki Method or the Royal College of Music, please provide the relevant information regarding level and rating.

Please identify the candidate's position or role in your organization. Designations of chair, soloist, or principal are of interest.

What is the candidate's current repertoire or medium?

At what level do you expect the candidate to participate in an advanced high school arts program?

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the candidate's application.

May we contact you for further information about this candidate? Yes No

Signature

Date

Printed Name

Relationship to Applicant

Email Address

Telephone

Last Name, First Name, Middle Name

Date of Birth

Applying for

Gender