

Gateway High School Transfer Application



Applicant Name (Last, First) _____ Applicant For: Grade Level _____ Semester _____ Year: 20 _____

To The Transfer Applicant:

You should submit this application as soon as you wish to apply to Gateway. Please note the following;

- * Offer of admission is contingent upon spaces available
- * Gateway's enrollment office will contact you only with offer of admission

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? _____

Do you have a sibling who currently attends Gateway? Name _____ Class Of 20 ____ ____

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
_____	_____
_____	_____
_____	_____

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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: _____

I am choosing to transfer from my current school because: _____

Gateway is a good school for me because _____

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Parent / Guardian Form

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.).

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Applicant For: Grade Level _____ Semester _____ Year: 20_____

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. _____

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English Teacher Input Form

- TO THE APPLICANT:**
- 1) Please fill in your name, current school and current grade level
 - 2) Please fill in semester for which you wish to apply
 - 3) Please give this form to your **current** English teacher

Applicant Name (Last, First) _____

Current School _____ Current Grade _____

APPLYING FOR: SEMESTER (*SPRING OR FALL*) _____ **YEAR** _____

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					

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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 _____

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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 grade to which applicant is applying: _____

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 _____

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Academic Record Release Form

To the Applicant:

- 1) Please fill in your name, current school and current grade level
- 2) Please fill in semester for which you wish to apply
- 3) Please give this form to your **current** English teacher

Applicant Name (Last, First) _____
Current School _____ Current Grade _____
APPLYING FOR: SEMESTER (SPRING OR FALL) _____ YEAR 20 ____

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 *complete* high school academic records including:

- ✓ **TRANSCRIPTS:** From 9th grade to present semester/quarter
- ✓ **STANDARDIZED TEST SCORES:** CAT 6, CST, STAR, SSAT, etc.
- ✓ **ATTENANCE RECORDS:** Complete from 9th grade to present.
- ✓ **SPECIAL EDUCATION PLAN:** Relevant documentation of a **Special Education Plan** (including IEP, 504, private educational assessment, etc.), and any other relevant documentation.

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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