

GATELY ACADEMY

205 NE 50th
Portland, Oregon 97213
503-215-2672
Fax 503-215-2688

SCHOOL ADMISSION APPLICATION

Name of Student _____

Last

First

Middle

Address _____

Street

City

State

ZIP

Phone _____

Nickname _____ Birthdate _____ Age _____ Sex _____

Parent(s)/Guardian(s):

Mother _____ Phone: Home _____ Work _____

Father _____ Phone: Home _____ Work _____

School Information:

Current Teacher _____ Phone _____

Counselor _____ Phone _____

School _____ Address _____

Last Year's Teacher _____ School _____

Instructions:

Please have the appropriate staff complete the attached evaluation sheets and return the entire application packet to Gately Academy at the above address. If you have any questions, please feel free to call.

**Please send directly to Gately Academy, 205 NE 50th, Portland OR 97213*

GATELY ACADEMY – COUNSELOR EVALUATION

Student _____

Please check appropriate box

PERSONAL EVALUATION	Below Average*	Average	Above Average	Outstanding
Integrity and honesty				
Self-confidence				
Self-esteem				
Classroom conduct				
Respect for authority				
Emotional stability				
Relationships with peers				
Relationships with adults				
Consideration of others				

** NOTE: If “Below Average” is checked, please provide additional information about the nature of the problem on the opposite side.*

Has this student ever engaged in the following behaviors?

BEHAVIORS	In the past	In the present
Power struggles with parents		
Irritating/disruptive behaviors		
Excessively agitated behaviors		
Impulsive behavior		
Teased by others		
Trying to control others		
Most friends younger		
Most friends older		
Often loses friends		
Uses rude/offensive language		
Bullying and/or aggressive posturing		
Avoids taking ownership/responsibility for negative behaviors		
Destroys property		

Please complete the opposite side

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Please clarify any problems/behaviors that you've indicated (attach additional sheets if necessary):

Counselor completing this form _____ Date _____

School _____ Work Phone _____

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GATELY ACADEMY – ENGLISH/LANGUAGE ARTS EVALUATION

Student _____

How long have you known this student and in what context? Please list courses you have taught him/her and the level of course difficulty:

Does this student have any special instructional needs?

How does this student's academic performance compare to ability?

Course recommendations: _____

Please check appropriate box

ACADEMIC EVALUATION	Below Average*	Average	Above Average	Outstanding
Effort and perseverance				
Ability to work independently				
Creativity				
Attention span				
Ability to organize				
Ability to handle change in structure/routine				
Ability to handle concepts				
Homework assignments				
Oral ability				
Ability to think logically				
Ability to generalize				
Curiosity				
Cooperation				
Self-discipline				
Study habits				
Use of time				
Follows directions				

Please complete the opposite side

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	Not Introduced	Significant Problems*	Basic Understanding/ Inconsistent Performance	Consistent Understanding & Performance	Exceptional Understanding & Performance
VOCABULARY					
Oral					
Written					
READING					
Speed					
Accuracy					
Word Attack					
Phonetic Knowledge					
Comprehension					
Retention					
Drawing Inferences					
Figurative Interpretations					
WRITING					
Sentence Structure					
Clarity of Style					
Organization					
Spelling					
Punctuation					
Creativity					
Handwriting					

PERSONAL EVALUATION	Below Average*	Average	Above Average	Outstanding
Integrity and honesty				
Self-confidence				
Self-esteem				
Classroom conduct				
Sense of responsibility				
Respect for authority				
Emotional stability				
Relationships with peers				
Relationships with adults				
Consideration of others				

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** NOTE: If "Significant Problems" is checked, please provide additional information about the nature of the problem on an attached sheet.*

Teacher completing this form _____ Date _____

School _____ Work Phone _____

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GATELY ACADEMY – MATHEMATICS EVALUATION

Student _____

How long have you known this student and in what context? Please list courses you have taught him/her and the level of course difficulty:

Does this student have any special instructional needs?

How does this student's academic performance compare to ability?

Course recommendations: _____

Please check appropriate box

ACADEMIC EVALUATION	Below Average*	Average	Above Average	Outstanding
Effort and perseverance				
Ability to work independently				
Creativity				
Attention span				
Ability to organize				
Ability to handle change in structure/routine				
Ability to handle concepts				
Homework assignments				
Oral ability				
Ability to think logically				
Ability to generalize				
Curiosity				
Cooperation				
Self-discipline				
Study habits				
Use of time				
Follows directions				

Please complete the opposite side

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	Not Introduced	Significant Problems*	Basic Understanding/ Inconsistent Performance	Consistent Understanding & Performance	Exceptional Understanding & Performance
BASIC MATH & PRE-ALGEBRA					
Addition					
Subtraction					
Multiplication					
Division					
Decimals					
Fractions					
Percents					
Proportions					
Measurements					
Apply concepts to real life					
ALGEBRA					
Real Numbers					
Solving Equations (1 Variable)					
Writing Equations					
Graphing Equations					
Factoring					
Solving Systems of Equations					
Algebraic Fractions					

PERSONAL EVALUATION	Below Average*	Average	Above Average	Outstanding
Integrity and honesty				
Self-confidence				
Self-esteem				
Classroom conduct				
Sense of responsibility				
Respect for authority				
Emotional stability				
Relationships with peers				
Relationships with adults				
Consideration of others				

** NOTE: If "Significant Problems" is checked, please provide additional information about the nature of the problem on an attached sheet.*

****Please send directly to Gately Academy, 205 NE 50th, Portland OR 97213***

Teacher completing this form _____ Date _____

School _____ Work Phone _____