

# GATELY ACADEMY

205 NE 50<sup>th</sup>  
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):

Parent #1 \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Parent #2 \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

### School Information:

Classroom Teacher \_\_\_\_\_ Phone \_\_\_\_\_

Resource 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.

*I hereby authorize my child's school/teachers to prepare and submit the written evaluations required by Gately Academy in the admissions process. I understand that these written evaluations are confidential and may not be reviewed by the applicant or the applicant's parent/guardian. The evaluations will be used only in the admission process and will not become part of the student's permanent record.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

*\*Please send directly to Gately Academy, 205 NE 50<sup>th</sup>, Portland OR 97213*

## **GATELY ACADEMY –EVALUATION**

COUNSELOR \_\_\_\_\_

RESOURCE ROOM TEACHER \_\_\_\_\_

Student \_\_\_\_\_

*Please check appropriate box*

<b>PERSONAL EVALUATION</b>	<b>Below Average*</b>	<b>Average</b>	<b>Above Average</b>	<b>Outstanding</b>
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?

<b>BEHAVIORS</b>	<b>In the past</b>	<b>In the present</b>
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		
Willful disobedience and/or defiance		

Has this student been referred to you for any serious emotional issue or behavioral conduct?

Yes \_\_\_\_\_ No \_\_\_\_\_

If 'Yes' please explain:

*Please complete the opposite side*

*\*Please send directly to Gately Academy, 205 NE 50<sup>th</sup>, Portland OR 97213*

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

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Name of person completing this form \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Work Phone \_\_\_\_\_

Would you like to be contacted about this student? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Please send directly to Gately Academy, 205 NE 50<sup>th</sup>, Portland OR 97213

**GATELY ACADEMY – ENGLISH/LANGUAGE ARTS EVALUATION**  
CLASSROOM TEACHER

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 require 1:1 instruction? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Course recommendations: \_\_\_\_\_

Have you ever had this student removed from the classroom for behavioral reasons? Yes \_\_\_\_\_ No \_\_\_\_\_  
If 'Yes,' please explain:

*Please check appropriate box*

<b>ACADEMIC EVALUATION</b>	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 teacher's directions				

*Please complete the opposite side*

*\*Please send directly to Gately Academy, 205 NE 50<sup>th</sup>, Portland OR 97213*

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

<b>PERSONAL EVALUATION</b>	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" or "Below Average" are checked, please provide additional information about the nature of the problem on an attached sheet.*

Teacher completing this form \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Work Phone \_\_\_\_\_

Would you like to be contacted about this student? Yes \_\_\_\_\_ No \_\_\_\_\_

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**GATELY ACADEMY – MATHEMATICS EVALUATION**  
CLASSROOM TEACHER

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 require 1:1 instruction? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Course recommendations: \_\_\_\_\_

Have you ever had this student removed from the classroom for behavioral reasons? Yes \_\_\_\_\_ No \_\_\_\_\_  
If 'Yes,' please explain:

*Please check appropriate box*

<b>ACADEMIC EVALUATION</b>	<b>Below Average*</b>	<b>Average</b>	<b>Above Average</b>	<b>Outstanding</b>
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				
Ability to retain subject matter				
Curiosity				
Cooperation				
Self-discipline				
Study habits				
Use of time				
Follows teacher's directions				

*Please complete the opposite side*

*\*Please send directly to Gately Academy, 205 NE 50<sup>th</sup>, Portland OR 97213*

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

<b>PERSONAL EVALUATION</b>	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" or "Below Average" are checked, please provide additional information about the nature of the problem on an attached sheet.*

Teacher completing this form \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Work Phone \_\_\_\_\_

Would you like to be contacted about this student? Yes \_\_\_\_\_ No \_\_\_\_\_