



200 Boscombe Avenue, Staten Island, NY 10309 · 718.966.8695 ext. 140 · gatewayacademyny.org

Teacher Character Reference Form

Student's First and Last Name: _____

Grade Entering: _____

Parent's Signature: _____ Date: _____

Parent Instruction: Complete the above information. Give to the student's current or last school year's teacher (if applying during the summer). By signing above, you permit us to speak with the teacher if we feel it's necessary.

Dear Teacher: This student is seeking admission to Gateway Academy. The student may not be admitted until this confidential information has been received. Please email completed form directly to gareception@gatewayacademyny.org. Thank you.

Check here if you wish to discuss this student personally rather than complete form.

School Name: _____

Teacher First and Last Name: _____

School Address: _____

Teacher Email and phone #: _____

How long have you known the applicant and in what role?

Does the applicant have any disciplinary, criminal or social problems? Yes No

If yes, please comment:

In your opinion, the applicant's influence on his/her peers has been:

Positive Negative Neutral Unknown

To the best of your knowledge does the applicant

Smoke Drink Alcohol Use illegal drugs

Please check the area for each category which best describes the applicant:

Quality	Excellent	Good	Average	Fair	Poor	Unknown
Academic Potential						
Leadership						
Integrity						
Study Habits						
Initiative						
Conduct						
Concern for others						
Relationship w/ peers						
Relationship w/ adults						
Reliability						
Self-discipline						

Applicant's greatest strengths:

Applicant's greatest weaknesses:

Are there any additional comments that you think would be helpful?