



# Recommendation Form

(To be filled out by the Principal)

Kindly fill out all fields, put N/A for those that do not apply to you.

SCHOOL YEAR: \_\_\_\_\_

NAME OF THE APPLICANT: \_\_\_\_\_

LEVEL APPLYING FOR: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

## 1. ACADEMIC RECORD

QUARTER / TRIMESTER	English	Math	Social Studies	Science	Music / Art	Conduct
First Quarter / Trimester						
Second Quarter / Trimester						
General Average (as of 2nd Qtr / Trimester)						

## 2. SCHOLASTIC STANDING

- Top 10 percent of the class   
  Upper 25 percent of the class   
  Upper 50 percent of the class  
 Belongs to lower 50 percent of the class   
  Belongs to bottom 25 percent of the class

## 3. TYPE OF SECTION

- Honors   
  Semi-Honors   
  No Honors

## 4. RECOMMENDATION

a. Is the applicant a candidate for honors?    YES     NO

b. Has the applicant ever been subjected to disciplinary action, misconduct or academic deficiency?

YES     NO     If YES, please explain why: \_\_\_\_\_

c. Has the applicant failed in any subject in previous school years? Please give subject(s) and grade(s) obtained.

\_\_\_\_\_

\_\_\_\_\_

Please check:

- Strongly recommended   
  Recommended   
  Recommended with reservation   
  Not recommended

Details of the person accomplishing this report:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

**Please affix school dry seal here:**

*Thank you for completing this student's recommendation to our School. Please seal this form in an envelope and sign on the flap. Return to the student for submission to our office. All ratings, responses and recommendations in this form are regarded as confidential.*

