



**To the Parent of the Student Applicant:** Please write your son's name on the form and give it to his teacher or school principal. Provide a letter envelope with your son's name and remind the teacher/administrator to return the accomplished form to you in a sealed envelope with his/her signature on the flap. Attach the sealed recommendation form on the Application for Admission form when you submit it. **Unsealed envelope will not be accepted. Thank you.**



**To the School Administrator or Teacher:** Kindly accomplish this form. Type or print legibly all information needed. Return to the parent/s of the student in a sealed envelope with your signature on the flap. **Thank you.**

## RECOMMENDATION FORM

Name of Student Applicant \_\_\_\_\_  
First Middle Last

School Currently Enrolled in \_\_\_\_\_  
School's Name School Address

Preparatory Level/s Completed in Current School (Check whichever applies.)

Nursery  Kinder 1 Others: (Pls. Specify) \_\_\_\_\_

Guided by the categories stated below, tick-off the level of the student's most recent performance rating in the following areas:

Excellent: 95-100 (A) Good: 85-89 (B) Acceptable: 75-79 (C)  
Very Good: 90-94 (B+) Satisfactory: 80-84 (C+) Unsatisfactory: 65-74 (D)

### 1. Academic Achievement:

Excellent  Very Good  Good  Satisfactory  Acceptable  Unsatisfactory

Please specify any particular strengths and/or difficulties the student has.  
\_\_\_\_\_

### 2. Behavior in class/school

Excellent  Very Good  Good  Satisfactory  Acceptable  Unsatisfactory

### 3. Health/Physiological Conditions:

Please check the condition/s that applies/apply to the applicant that should be taken into consideration:

asthma  visual impairment (specify) \_\_\_\_\_  surgery (specify) \_\_\_\_\_  
 bronchitis  hearing impairment (specify) \_\_\_\_\_  others: (specify) \_\_\_\_\_  
 speech delay  allergy (specify) \_\_\_\_\_  none

Is the child fit to attend a traditional classroom setting?  YES  NO, Why? \_\_\_\_\_

### Recommendation:

Strongly Recommended  
 Recommended  
 Recommended with Reservation because \_\_\_\_\_  
 Not Recommended because \_\_\_\_\_

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

### Data Privacy Clause

All data included in this recommendation form shall be treated as confidential and shall be processed in accordance with the Data Privacy Act of 2012. The data shall be used only in relation to the application of the Student Applicant for admission to Ateneo de Manila Grade School.