



RECOMMENDATION FORM

Please write in print.

Surname	First Name	Middle Name

TO THE APPLICANT:

This form is to be accomplished by your principal, guidance counselor or any subject teacher.

COMPLETE NAME OF SCHOOL:

YEARS ATTENDED: to

TO THE EVALUATOR:

The above-named person is applying for admission to Assumption Antipolo. Please evaluate the applicant. The information you will furnish will be held confidential and known only to the members of the Admissions Committee.

Please return this application to the applicant in a sealed envelope with your signature across the flap. The applicant will submit the sealed envelope to the Admissions Office.

	Excellent	Above Average	Good	Below Average	No Basis for Rating	REMARKS
Academic Ability						
Motivation						
Involvement in Co-curricular Activities						
Involvement in Extra-curricular Activities						
Conduct						
Attendance						
Physical Health						
Leadership Abilities						
Concern for Others						
Family Relationship						
Ability to get along with teachers and other persons of authority						
Ability to get along with peers						
Social Awareness						
Emotional Stability						

How long have you known the applicant? _____

Has the applicant ever been subjected to any disciplinary actions/measures? _____

If yes, please explain: _____

Other comments which may help the Committee decide on the candidate's application:

SUMMARY EVALUATION (Check one)

- _____ I strongly recommend the applicant for admission.
- _____ I recommend the applicant for admission.
- _____ I recommend, with reservation, the applicant for admission.
- _____ I do not recommend the applicant for admission.

 Signature over printed name Designation Date