



High School Recommendation Form

Name _____
Last First Middle

Level applying for: _____ Academic Year: _____

To the Student Applicant: This form should be given to your guidance counselor / class adviser who knows you well enough to answer the following questions and fill out the necessary information. Please provide him / her business envelope address to the DLSZ Admission's Board through the Registrar / Admission's Office.

To the Person Recommending: The student above is applying for admission to DLSZ. Please accomplish this form and put it in a business envelope provided by the applicant. **Seal and sign the flap of the envelope.**

I. On scale of 1-5, how would you rate the applicant in terms of the following? Please check the corresponding column.

	Outstanding 5	Very Good 4	Good 3	Average 2	Poor 1	No chance to observe
1. Mental Ability						
2. Social Skills						
3. Leadership Skills						
4. Communication Skills a. Oral b. Written						
5. Study Habits						
6. Conduct / Character						
7. Concern for Others						
8. Social and Emotional Adaptability						

II. Has the applicant taken any psychological tests? Please list them down below.

Name of Test	Date Taken	Result	Interpretation

III. Please check the box corresponding to the rank of the applicant in terms of his / her academic performance.

() Top 10% () Top 25% () Middle 50% () Lower 25%

Final Average in the Grade level last attended (If final grades are not yet available, please submit the grades as of the previous quarter / term.)

English _____ Mathematics _____ Science _____

General Average _____

Approximate size of class _____

Date of Graduation from Elementary: _____ / _____ / _____
mm/dd/yy

Check the activities in which the student participated in Elementary / High School:

- | | |
|---|---|
| <input type="checkbox"/> Athletic / Sports | <input type="checkbox"/> Camera Club |
| <input type="checkbox"/> Orchestra | <input type="checkbox"/> School Paper |
| <input type="checkbox"/> Chorale | <input type="checkbox"/> Dance Club |
| <input type="checkbox"/> Student Organization | <input type="checkbox"/> Youth for Christ |
| <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Math Club |
| <input type="checkbox"/> Scouting | Others: _____ |

Special Skills/Talent

Has the student ever been suspended or given any disciplinary sanction by the school?

If so, give the offense, disciplinary action, and date/s of imposition _____

Has the student received failing grades in school? _____

If so, indicate the subject and level _____

IV. If the application has been placed in probation during his stay in your school, please check the appropriate box.

() Academic

() Disciplinary

- Absences
- Tardiness
- Truancy
- Cheating
- Stealing

- Forgery
- Dishonesty
- Smoking
- Disrespect
- Others: _____

V. Comments

VI. OVER-ALL RECOMMENDATION

- _____ I strongly recommend the student for admission.
- _____ I recommend the student for admission.
- _____ I recommend the student for admission with some reservations.
- _____ I do not recommend the student for admission.

Signature over printed Name

Date

Title / Position

Name of Institution

Address

Telephone / Mobile Number