## Br. Rafael Donato FSC Night High School (BRafeNHS) Recommendation Form

Last Name	<u></u>	First Name			Middle Name		
Level applying for:		Academic Year:					
To the Parent of the Student-Ap class adviser who knows your chinformation.							
To the Person Recommending: accomplish this form and email it <a href="mailto:bumanglagje@dlszobel.edu.ph">bumanglagje@dlszobel.edu.ph</a> us	directly to Ms .	Jenifer Buma	nglag, Assis	tant to the Re	egistrar for	BRafeNHS at	
BRafeNHS Recomm	mendation For	m / <u>Last Nam</u>	ie, <u>First Nar</u>	ne / <u>Level Ap</u>	plying For	• •	
I. On a scale of 1-5, how we corresponding column.	ould you rate		t in terms	of the follow	_	se check the	
Personal Attributes	Outstanding 5	Very Good 4	Good 3	Average 2	Poor 1	No chance to observe	
1. Mental Ability					·	10 0000.10	
2. Social Skills							
3. Leadership Skills							
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 an	y psychologica	al tests? Plea	ase list then	n down belov	٧.		
Name of Test	Date 1	Date Taken Resul		Interpretation			
III. Please check the box cor performance.	responding to	the rank of	the applic	ant in terms	of his / h	ner academic	
( ) Top 10%	( ) <b>T</b> op	25%	( ) Middl	e 50%	( ) Lowe	r 25%	
Final Average in the Grade I as of the previous quarter / t		ed (If final gra	des are not	yet available,	please sub	mit the grades	
English:		athematics: Science:			· · · · · · · · · · · · · · · · · · ·		
General Average	e:		Approxir	mate size of cl	ass:	<del></del>	
Date of G	raduation from E	Elementary: _	/	/			

IV.	Check the activities in which the student participated in Elementary / High School:						
	<ul> <li>□ Athletic / Sports</li> <li>□ Orchestra</li> <li>□ Chorale</li> <li>□ Student Organiza</li> <li>□ Performing Arts</li> <li>□ Scouting</li> </ul>	☐ Math Club	per lb Christ				
	Special skills / talent:						
V.	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 below.						
VI.	Has the student received failing gr	rades in school?					
	If so, indicate the subject and level b	elow.					
VII.	If the applicant has been placed on probation during his / her stay in your school, please check the appropriate box:						
	( ) Academic	( ) Disciplinary					
	☐ Absences☐ Tardiness☐ Truancy☐ Cheating☐ Stealing	☐ Forgery ☐ Dishonesty ☐ Smoking ☐ Disrespect					
VIII.	Comments:						
IX.	Overall Recommendation:						
	I highly recommend the student for admission.						
	I recommend the student for admission.						
	I recommend the student for admission with reservation because						
	I do not recommend the student for admission because						
	Signature over Printed Name	-	Date Accomplished				
	Designation	E-mail Address	Contact Number				
		Name of School					

## School Address DATA PRIVACY CLAUSE

All data included in this Recommendation Form shall be treated as confidential, processed in accordance with R.A. No. 10173 (Data Privacy Act of 2012) and used only in relation to the application of the student-applicant for admission to De La Salle Santiago Zobel School.