Grade 3 to Grade 6 Recommendation Form

Last Name		First Name					Middle Name			
Level applying for:	applying for:					Academic Year:				
To the Parent of the Student-A class adviser who knows your information.										
To the Person Recommending form and email it directly to adm you for your assistance.										
Recommend	lation For	<u>m</u> / <u>La</u>	<u>st Name,</u>	Fire	st Name / L	_evel Ap	plying	<u>For</u>		
I. On a scale of 1-5, how corresponding column.	would you		the applic		in terms of	of the fo		ng? Plea	se check the	
Personal Attributes	5	_	4	ŭ	3	2	,	1	to observe	
Mental Ability										
2. Social Skills										
Leadership Skills										
Communication Skills a. Oral b. Written										
5. Study Habits										
6. Conduct / Character										
II. Has the applicant taken a	any psych			Pleas	se list them	down b				
Name of Test		Date Taker			Result		Interpretation			
III. Please check the box coperformance.	orrespond	ling to	the rank	of	the applica	ant in te	erms c	of his / h	ner academic	
()Top 10%	() Top	25%		() Middle	e 50%	() Lowe	r 25%	
Final Average in the Grade as of the previous quarter		attend	ed (If final	grac	les are not y	∕et availa	ble, pl	ease sub	mit the grades	
English:		Mat	hematics:				Scie	nce:	· · · · · · · · · · · · · · · · · · ·	
General Avera	age:				Approxin	nate size	of clas	ss:		
Special skills / talent:										
- p										

V.	·	nded or given any disciplinary sand action, and date/s of imposition below.	mon by the solloor.						
		onon, and date/o of imposition bolow.							
' -	Has the student received failing grades in school?								
	If so, indicate the subject and level I	below.							
l.	If the applicant has been placed appropriate box:	on probation during his / her stay	in your school, please check t						
	() Academic	() Disciplinary							
	Absences	Forgery							
	☐ Tardiness ☐ Truancy	☐ Dishonesty☐ Smoking							
	☐ Truancy	☐ Disrespect							
	☐ Stealing	Others:							
II.	Comments:								
III.	Overall Recommendation:								
	I highly recommend the stude	ent for admission.							
	I recommend the student for	admission.							
	I recommend the student for	admission with reservation because _							
	L do not recommend the stud	ent for admission because							
	r do not recommend the stad								
	Signature over Printed Name		Date Accomplished						
	Designation	E-mail Address	Contact Number						
		Name of School							
		0.1.14.1.							
		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.