



De La Salle Santiago Zobel School

Ayala Alabang Village, Muntinlupa City, Philippines 1780, Tel. No.: 8771-DLSZ Website: www.dlszobel.edu.ph

Senior High School Recommendation Form

Last Name

First Name

Middle Name

Level applying for: _____ Academic Year: _____

To the Parent of the Student-Applicant: This form should be given to your child's current guidance counselor / class adviser who knows your child well enough to answer the following questions and fill out the necessary information.

To the Person Recommending: The student above is applying for admission to DLSZ. Please accomplish this form and email it directly to admissions@dlszobel.edu.ph using the format below for the email subject line. Thank you for your assistance.

Recommendation Form / Last Name, First Name / Level Applying For

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

Personal Attributes	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

IV. 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 | <i>Others:</i> _____ |

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 grades in school?** _____
If so, indicate the subject and level below.

VII. **If the applicant has been placed on probation during his / her stay in your school, please check the appropriate box:**

- | | |
|--|--|
| <p>() Academic</p> <ul style="list-style-type: none"> <input type="checkbox"/> Absences <input type="checkbox"/> Tardiness <input type="checkbox"/> Truancy <input type="checkbox"/> Cheating <input type="checkbox"/> Stealing | <p>() Disciplinary</p> <ul style="list-style-type: none"> <input type="checkbox"/> Forgery <input type="checkbox"/> Dishonesty <input type="checkbox"/> Smoking <input type="checkbox"/> Disrespect Others: _____ |
|--|--|

VIII. **Comments:**

IX. **Overall Recommendation:**
On a scale of 1-4 (1 being the lowest and 4 being the highest), how would you rate the applicant in terms of his/her ability to perform in the following Senior High School Strands. Please check the corresponding column.

TRACK	Excellent 4	Good 3	Average 2	Poor 1
A. ACADEMIC				
1. Accountancy, Business and Management (ABM)				
2. Humanities and Social Sciences (HUMSS)				
3. Science, Technology, Engineering and Mathematics (STEM)				
B. ARTS and DESIGN				
1. Arts and Design				

Please indicate your overall recommendation below:

_____ 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 _____

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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.