



St. Scholastica's College, Manila

2560 Leon Guinto St., Malate, Manila

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TO THE PRINCIPAL/ADVISER:

The Grade School Committee on Admissions would like to request for your cooperation in providing accurate and objective assessment of the applicants whose name appears below. This recommendation should be mailed to this address: ADMISSIONS OFFICE, ST. SCHOLASTICA'S COLLEGE, 2560 Leon Guinto Street, Malate, Manila or hand-carried personally. The envelope should be sealed and countersigned across the flap by the recommending party. This information will be held in STRICT CONFIDENCE.

TO THE APPLICANT: Please accomplish the needed information below and give the form to the School Principal or Adviser. Provide the recommending party with an envelope.

COMPLETE NAME: _____
Last First Middle

HOME ADDRESS: _____
_____ **TEL. #** _____

AGE: _____ **GRADE LEVEL:** _____ **LEVEL APPLYING FOR:** _____

SCHOOL: _____

ADDRESS: _____ **TEL. #** _____

**GRADE SCHOOL RECOMMENDATION FORM
GRADE 1**

1. How long and in what capacity have you known the applicant? _____

2. Academic Potential:
 SUPERIOR ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

3. In class of _____ students, where would you rank her academically? _____

This is based on:

TOP 10% UPPER 25% MIDDLE 50% LOWER 25%
 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

4. What are the strengths of the applicants?

5. What area does the applicant needs to improve on?

6. Is the applicant ready for Grade 1? YES NO NOT SURE
REASON:

7. The applicant can express herself in:
 ENGLISH FILIPINO BOTH OTHER LANGUAGES

