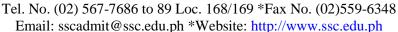


St. Scholastica's College, Manila

2560 Leon Guinto St., Malate, Manila





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.

	Last	First	Middle	
	ADDRESS:	TEL.#		
		LEVEL APPLYING FOR:		
DDRE	SS:	TEL.#		
1. H	GRADE SCHOOL RECO GRAD How long and in what capacity have you kno	ES 2-6	ON FORM	
-				
	Academic Potential:] SUPERIOR [] ABOVE AVERAGE []	Potential: LIOR [] ABOVE AVERAGE [] AVERAGE [] BELOW AVERAGE [] POOR		
	In class of students, where would you rank her academically?			
]	This is based on:			
[[] TOP 10% [] UPPER 25% [] MIDDLE 50% [] LOWER 25%			
[[] 1^{st} Quarter [] 2^{nd} Quarter [] 3^{rd} Quarter [] 4^{th} Quarter			
	What are the strengths of the applicants?			

6. Using the scale below, please rate the applicant on the following characteristics. Above **Below** Superior **Average** Poor **Average** Average **Emotional stability** Honesty and integrity **General conduct** Motivation **Leadership qualities Obedience to school rules Work habits Attendance & punctuality** 7. The applicant can express herself in: [] ENGLISH [] TAGALOG [] BOTH [] ORALLY [] IN WRITTEN FORM [] BOTH 8. Has the applicant been subjected to any disciplinary action? MISCONDUCT: [] YES [] NO ACADEMIC PROBLEM: [] YES [] NO IF YES, PLEASE EXPLAIN: IS THE APPLICANT READY FOR THE GRADE LEVEL SHE IS APPLYING FOR? [] YES [] NO [] NOT SURE PLEASE STATE REASON FOR TRANSFER TO ANOTHER SCHOOL: YOUR RECOMMENDATION RECOMMENDED The applicant is: STRONGLY NOT RECOMMENDED with RECOMMENDED RECOMMENDED RESERVATION For ACADEMIC PROMISE For CHARACTER and PERSONAL PROMISE **OVERALL** NAME (please print): ______ SIGNATURE: _____ POSITION: CONTACT #: DATE: