



TO THE APPLICANT: PLEASE FILL IN THE ITEMS IN THE ENCLOSED SECTION.

NAME				Attach 1x1 PHOTO
	LAST	FIRST	MIDDLE	
PRESENT GRADE LEVEL				
PRESENT SCHOOL				
SCHOOL ADDRESS				

TO THE PRINCIPAL: The student whose name appears above is being considered to the Basic Education Division of Assumption College. Your honest evaluation of the applicant's character and ability is requested. The information you furnish will be held confidential and known only to the members of our Admissions committee. **After accomplishing the form, please sign and email it to <acmakatibedadmissions@assumption.edu.ph>** Unsigned recommendations will not be accepted. Thank you.

A. APPLICANT'S GRADE SCHOOL RECORD / HIGH SCHOOL RECORD

	Grade		Grade		Grade	
CHRISTIAN LIVING EDUCATION (CLE)						
ENGLISH						
FILIPINO						
MATHEMATICS						
SCIENCE						
SOCIAL SCIENCE						

B. PRINCIPAL'S ASSESSMENT (Please check one per item)

	Excellent	Above Average	Good	Fair	Below Average	Remarks
1. Attendance / Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Extra/ co-curricular Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Acceptance of abilities & weaknesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Ability to get along with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Relationship with family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Respect for environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

How long have you known the applicant?

Has the applicant ever been subjected to any disciplinary action/measure?

If yes, please explain briefly.

Are there any health conditions which might keep her from carrying out her responsibilities as a student?

If yes, please explain briefly.

Is there any other information that you would like to share that might have a direct bearing on her application?

SUMMARY EVALUATION (Please check one)

- Strongly Recommended
- Recommended
- Recommended with Reservation
- Not Recommended

PLEASE REVIEW YOUR RESPONSES AND MAKE SURE THEY ARE COMPLETE AND ACCURATE.

NAME OF PRINCIPAL

TELEPHONE

OFFICE ADDRESS

PRINCIPAL'S SIGNATURE

DATE

Thank you for completing this student's recommendation to our school. Should there be a need for clarification, please do not hesitate to contact us at:

BED ADMISSIONS OFFICE

TRUNKLINE: 8817-0757 loc. 3020/ DIRECT LINE [\(632\)8892-6159](tel:63288926159)

Mobile Number: GLOBE [+639957232646](tel:+639957232646)/ SMART: [+639994154039](tel:+639994154039)

Email: acmakatibedadmissions@assumption.edu.ph