RECOMMENDATION FORM

This form maybe accomplished by any of the following: Principal, Assistant Principal, Prefect of Discipline, Guidance Counselor or Class Adviser.

Name of Applicant: _____________________________________________________ Sex: __________

Last       First       MI

School: ______________________________________ School Address __________________________

The above-mentioned student is applying for admission to Aquinas School, you are kindly requested to make an evaluation of the student applicant.

During the year the applicant was with us, he belongs to the:

☐ Top 10%       ☐ Top 11-20%       ☐ Top 21 to 75%       ☐ Low 25%

Please check one:

☐ Strongly Recommended       ☐ Recommended with Reservation
☐ Recommended                ☐ Not Recommended

Has the applicant been involved in any serious disciplinary case? If yes, please explain:

____________________________________________________________________________________

____________________________________________________________________________________

Number of year(s) the applicant has been with your school? __________

Please return this evaluation form in a sealed envelope, with your signature across the flap.

Signature :___________________________________________ Date:  _______________________

Name: ______________________________________________ Position: _____________________

(Please Print) 

Tel. No: _____________________