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 |  | I knowingly and voluntarily consent to the disclosure and processing of my personal and sensitive information to St. Augustine Academy of Pampanga for application for admssion purposes. Affix Signature of Parent & Applicant |
|  |  |  | St. Augustine Academy of Pampanga |  |
|  |  |  | Floridablanca, Pampanga |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  | **RECOMMENDATION FORM** |  |  |
| Form 2.2012.rev2019 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Name of Applicant |   |   |   |   |   |   | Gender |   |
|  |  |   |   |   |   |   |   | Level |   |
| Name of School and Address |   |  |  |  |  |   |   |
|  |  |  |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |
| **IMPORTANT:** |  |  |  |  |  |  |  |  |
| **Learner Applicant:** | Accomplish the data above, kindly give this form either to your School Guidance Counselor |
|  |  |  or School Principal or or Class Adviser. Provide him/her with white legal size envelope. |
| **Person Recommeding**: The person named above is applying for admission at **St. Augustine Academy of Pampanga,** |
|  |  |  Floridablanca, Pampanga.It is important that this form be filled out **carefully and completely.** |
|  |  |  This form is **CONFIDENTIAL**. Kindly place it in an envelope provided by the applicant,  |
|  |  |  seal and sign the flap then return to the applicant. **Envelopes which are unsealed and** |
|  |  |  **unsigned on the flap, will not be accepted.** Thank you. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| A. How long and in what capacity have you known the applicant?  |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |
| B. Academic School Records: |  |  |  |  |  |  |  |
|  English | Math |   | Science |   | Filipino |   | Makabayan |
|  |  |  |  |  |  |  |  |  |  |
| C. How would you rate the applicant's Personal Characteristics using the following criteria? Please check |
| under the appropriate column those that pertain to the learner. |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Characteristics** |  |  | **Superior** | **Very Satisfactory** | **Satisfactory** | **Below Satisfactory** | **Poor** |
|  | Attendance |   |   |   |   |   |   |   |   |
|  | Leadership |   |   |   |   |   |   |   |   |
|  | Creativity |   |   |   |   |   |   |   |   |
|  | Physical Health |   |   |   |   |   |   |   |
|  | Motivation to Study |   |   |   |   |   |   |   |
|  | Communication Skills |   |   |   |   |   |   |   |
|  | Manners and Conduct |   |   |   |   |   |   |   |
|  | Maturity |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |
| D. Has the applicant been subjected to any disciplinary/administrative action? Yes \_\_\_\_ | No \_\_\_\_ |  |
|  If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
|  |  |  |  |  |  |  |  |  |  |
| E. Does the applicant have special learning needs, psychological-emotional condition, or physical disability |
|  that will need to be considered? Yes \_\_\_\_ No \_\_\_\_  |  |  |  |  |
|  If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
|  |  |  |  |  |  |  |  |  |  |
| F. Considering the applicant's character and attitude, your overall recommendation is: |  |  |
|  |   | Strongly Recommended |  |  |   | Recommended |  |
|  |   | Recommended with Reservation |  |   | Not Recommended |  |
|  |  |  |  |  |  |  |  |  |  |
| G. Recommendation / Remarks: |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
| Rated by |   |   |   |   | Contact No |   |   |   |   |
| Printed Name and Signature |  | Position |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |
| recommendationformv.2guidance3.jag |  |  |  |  |  |  |
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