



St. Scholastica's College Westgrove

Ayala Westgrove Heights, Silang, Cavite

Tel. Nos: (046) 511-04-24/21 FAX No: (046) 511-04-22/23

Email: sscwregistrar@gmail.com Website: www.sscw.edu.ph

Recommendation Form for GRADE SCHOOL Applicants

TO: The Principal / Teacher

The Grade School Committee on Admissions would like to request for your cooperation in providing accurate and objective assessment of the applicant whose name appears below. This recommendation should be mailed or if handcarried, the envelope should be sealed and countersigned across the flap by the recommending party. This information will be held in **STRICT CONFIDENCE**.

NAME OF APPLICANT _____

Last Name First Name Middle Name

Age _____ Grade Level _____ Name of School _____

Level applying for _____ Address of School _____

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

Academic Potential: Superior Above Average Average Below Average Poor

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

This is based on:

- Top 10% Middle 50% 1st quarter 3rd quarter
- Upper 25% Lower 25% 2nd quarter 4th quarter

Please rate the applicant on the following characteristics:

	<i>Superior</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Poor</i>
Emotional Stability					
Honesty and Integrity					
General Conduct					
Motivation					
Leadership Qualities					
Obedience to School Rules					
Work Habits					
Attendance & Punctuality					

What are the strengths of the applicant? _____

What area does the applicant need to improve on? _____

The applicant can express herself in: English Tagalog both
 Orally in written form both

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 grade level she is applying for? Yes No Not sure

Please state reason for transfer for another school. _____

Would you recommend the acceptance of the applicant to our school?

- Yes, I strongly recommend her. Yes, I recommend her.
- No, I do not recommend her. I recommend her with reservation.

NAME _____ SIGNATURE _____

POSITION _____ TELEPHONE NO.: _____

PLEASE SEND DIRECTLY TO: THE ADMISSIONS OFFICE:
ST. SCHOLASTICA'S COLLEGE WESTGROVE
Ayala Westgrove Heights, Silang, Cavite 4118



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GRADE SCHOOL DEPARTMENT

Recommendation Form for GRADE SCHOOL Applicants

TO: The Counselor

The Grade School Committee on Admissions would like to request for your cooperation in providing accurate and objective assessment of the applicant whose name appears below. This recommendation should be mailed or if hand carried, the envelope should be sealed and countersigned across the flap by the recommending party. This information will be held in **STRICT CONFIDENCE**.

NAME OF APPLICANT _____
Last First Middle Name

Age _____ Grade Level _____ Name of School _____

Level applying for _____ Address of School _____

How long have you known the applicant? _____

Psychological Test Profile (taken during the last two years)

Intelligence Test: Date taken _____ DIQ _____ Classification _____ Stanine _____

Achievement Test: Date taken _____ Gr. equivalent _____ Classification _____ Stanine _____

Others: _____

Please rate the applicant on the following characteristics:

	<i>Superior</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Poor</i>
Emotional Stability					
Honesty and Integrity					
General Conduct					
Motivation					
Leadership Qualities					
Obedience to School Rules					
Work Habits					
Attendance & Punctuality					

What are the strengths of the applicant? _____

What area does the applicant need to improve on? _____

Has the applicant been subjected to any disciplinary action?

Misconduct: yes no Academic problem? yes no

If yes, please explain.

On the space below, please write some information which will help us in providing the best possible assistance to the applicant, once admitted to SSC-W: _____

Please state reason for transfer for another school. _____

Would you recommend the acceptance of the applicant to our school?

- Yes, I strongly recommend her. Yes, I recommend her.
- No, I do not recommend her. I recommend her with reservation.

NAME _____ SIGNATURE _____

POSITION _____ TELEPHONE NO.: _____

PLEASE SEND DIRECTLY TO:

THE ADMISSIONS OFFICE:
ST. SCHOLASTICA'S COLLEGE WESTGROVE
Ayala Westgrove Heights, Silang, Cavite 411