



AQUINAS SCHOOL
183 F. Blumentritt St. San Juan, Metro Manila 1500, Philippines
724-54-66 to 69; 723-67-56 Telefax: 723-67-55
E-mail: info@aquinas.edu.ph

ASA-043

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 21 to 75%

Top 11-20%

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: _____
(Please Print)

Position: _____

Tel. No: _____