



AQUINAS SCHOOL  
183 F. Blumentritt St.  
San Juan City

**RECOMMENDATION FORM**

This form may be accomplished by any of the following: Principal, Prefect of Discipline, Guidance Counselor or Class Adviser

NAME OF APPLICANT: \_\_\_\_\_

Last Name

First Name

Middle Name

Grade Applying for:

- Junior Kinder
- Senior Kinder
- Grade 1
- Grade 2

- Grade 3
- Grade 4
- Grade 5
- Grade 6

- Grade 7
- Grade 8
- Grade 9
- Grade 10

SEX:

MALE

FEMALE

PREVIOUS SCHOOL: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

CURRNT GRADE LEVEL: \_\_\_\_\_ NUMBER OF YEARS IN PREVIOUS SCHOOL: \_\_\_\_\_

The above mentioned student is applying for admission to AQUINAS SCHOOL. You are kindly requested to make an evaluation of the student applicant. Please enclose this recommendation in a plain white envelope and place your signature across the flap.

Please rank the applicant's class standing:

Top 10%

Top 25%

Top 50%

Below 50%

Number of students in the class: \_\_\_\_\_

Has the applicant be involved in any serious disciplinary case? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grades do not always reflect the personality of the applicant. Please write a few words regarding the student usch as strong or weak areas, extra/co-curricular activities, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Check One:

Strongly Recommended

Recommended

Not Recommended

Recommended with Reservations

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Position: \_\_\_\_\_

*Please Print*

Contact Number/s: \_\_\_\_\_

For any inquiries please contact the following:  
Email: info\_aquinas@yahoo.com; Tel. Nos: 7245466 to 69; 7236756; Telefax: 7236755