



Immaculate Conception Cathedral School, Inc.
PAASCU Accredited Level II
 39 Lantana St., Cubao, Quezon City
 Student Development Center
 727-27-42 to 44 loc. 318



RECOMMENDATION FORM
Grade School (Grades 2-6)

To be filled out by the Guidance Counselor and Adviser

Name of Student: _____

Current School: _____

School Address: _____

Verification/Authorization:

I knowingly and voluntarily consent to the disclosure and processing of all my child's relevant personal information and records included in this recommendation form to the members of the admissions committee responsible for the assessment of my application to the Immaculate Conception Cathedral School. Additionally, I waive my right to inspection and correction of the contents of this form.

 Printed name & Signature of Parent/Guardian

 Date

TO THE EVALUATOR: Please accomplish the form completely. The information you will provide will help the school in evaluating the student for admission. All responses will be treated as strictly confidential. Kindly return this form to the student in a sealed envelope with a signature across the flap. **Unsealed and unsigned envelope will not be accepted.** Alternatively, you may send a scanned copy of the accomplished form to inquiry@iccs.edu.ph. Thank you.

I. PERSONAL CHARACTERISTICS: Please rate the student accordingly.

	Highly Satisfactory	Very Satisfactory	Satisfactory	Need Improvement
Religiosity				
Respect & Courtesy				
Sense of Responsibility				
Leadership skills				
Study Habits				
Oral communication skills				
Written communication skills				
Intellectual Ability				

II. ACADEMIC PERFORMANCE

	Top 10	Upper 25%	Middle 50%	Lower 25%
Student's Academic Ranking in the CLASS?				
Student's Academic Ranking in the BATCH?				

III. BEHAVIORAL CONCERNS

1. Has the student been subjected to any disciplinary action? Yes No
If yes, please specify.

- Tardiness Disrespect Bullying
- Absenteeism Cheating Others: _____

2. Does the applicant have any of the following?

- Learning Difficulty Physical Disability Behavioral Concerns
- Emotional Concerns Psychological Concerns Others

Please specify the nature of concern:

IV. ADDITIONAL INFORMATION

On the space below, please provide some information that would be helpful to the Admissions Committee. (Accomplishments, Awards, Talents, Strengths, Interpersonal Relationships, etc.)

V. OVERALL RECOMMENDATION

- Strongly Recommended Recommended with Reservation
- Recommended Not Recommended

Thank you and God bless!

Name: _____ Date: _____
Signature: _____ Contact Number: _____
Designation: _____
Office Address: _____

Please affix dry seal here