



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

JUNIOR AND SENIOR HIGH SCHOOL

To be filled out by the Guidance Counselor and Adviser

TO THE APPLICANT: Please fill out the information in this section:

NAME OF STUDENT: _____

CURRENT SCHOOL : _____

CURRENT SCHOOL YEAR: _____

Verification/Authorization:

I knowingly and voluntarily consent to the disclosure and processing of all 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 Applicant

Date

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 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 | | | | |
| Integrity | | | | |
| Emotional Stability/Maturity | | | | |
| Respect & Courtesy | | | | |
| Sense of Responsibility | | | | |
| Interpersonal Skills | | | | |
| Leadership potential | | | | |
| Study Habits | | | | |
| Academic Motivation | | | | |
| 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.

- | | | |
|--|--|--|
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Habitual Tardiness | <input type="checkbox"/> Absenteeism |
| <input type="checkbox"/> Cheating | <input type="checkbox"/> Disrespect | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Use of profane language | <input type="checkbox"/> Use of illegal substances | <input type="checkbox"/> Others: _____ |

2. Does the applicant have any of the following?

- | | | |
|--|---|--|
| <input type="checkbox"/> Learning Difficulty | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Behavioral Concerns |
| <input type="checkbox"/> Emotional Concerns | <input type="checkbox"/> Psychological Concerns | <input type="checkbox"/> 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

- | | |
|---|---|
| <input type="checkbox"/> Strongly Recommended | <input type="checkbox"/> Recommended with Reservation |
| <input type="checkbox"/> Recommended | <input type="checkbox"/> Not Recommended |

Thank you and God bless!

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

Please affix dry seal here.