STUDENT RECOMMENDATION FORM
S.Y. ___________ - ____________

Student Applicant:
SURNAME
FIRST NAME
MIDDLE NAME

Grade/Year Level Applied for: ______________________
Gender:  □ Male  □ Female
Name of School: _________________________________
Address of the School _________________________________

To the Evaluator:
The above named-student is applying for admission to St. Andrew’s School and you are requested for an evaluation. Please return this recommendation form to the applicant in a sealed envelope with your signature across the flap. The applicant will then submit the sealed envelope to the Guidance Center of St. Andrew’s School.

Academic Qualifications:
1. The applicant’s academic rank in the class
   □ top 10%  □ top 25%  □ lower 25%  □ middle 50%
2. Please assess the applicant by checking the appropriate box.
   a. Attendance in Class
      □ never absent  □ rarely absent  □ always absent
   b. Punctuality
      □ never late  □ rarely late  □ always late
   c. Character / Attitude
      □ excellent  □ good  □ fair  □ poor
   d. Study Habits
      □ excellent  □ good  □ fair  □ poor
   e. Behavior at Work
      □ excellent  □ good  □ fair  □ poor
3. Has the applicant been subjected to any disciplinary action?  □ No  □ Yes - please explain the details ___________

Recommendation:
□ Strongly recommended  □ Recommended
□ Recommended with reservations  □ Not recommended

St. Andrew’s School aims to provide adequate learning support for students with special needs. Based on your experience, does this student have any special needs that need to be addressed?  □ No  □ Yes, please explain ____________

__________________________________________
Signature Over Printed Name

Position: __________________________
Tel./Contact Nos. __________________________
Date accomplished __________________________
Length of time acquainted with the applicant _________

Please affix school dry seal here.