



CHEVALIER SCHOOL

McArthur Hi-way, Sto. Domingo, Angeles City

HIGH SCHOOL RECOMMENDATION FORM

Applicant's Name: _____
Last First Middle (Full)

School currently enrolled in: _____ Tel. Number: _____
Address of School: _____

Year level being applied for: (please check) Year I Year II Year III Year IV

The student whose name appears above is applying for admission to Chevalier School. We request this recommendation form to be completed by a person who knows the student well. **This may be the Principal, Class Adviser, or Guidance Counselor.** All information, reports and recommendation about the applicant are kept confidential.

In relation to other students in the applicant's age group, please check (✓) the appropriate box for each item below.

	Excellent	Good	Fair	Poor	Comments:
Academic Performance					_____
Attendance					_____
Sense of responsibility					_____
Self – discipline					_____
Interpersonal Skills					_____
Leadership Ability					_____
Communication Skills					_____
Study Habits					_____
General Conduct					_____

The applicant's scholastic average is _____ as of the _____ grading period.

Has the applicant been subjected to any disciplinary action? Yes No

If YES, please explain _____

Do you recommend the student for admission to Chevalier School? Yes No

Please state the reason for your above response (Don't leave this item unanswered):

Name of Recommending Person: _____ Signature: _____
Designation: _____ Date: _____

Note: Please return to the applicant in a sealed envelope with your signature across the flap. Thank you for your time.



CHEVALIER SCHOOL

McArthur Hi-way, Sto. Domingo, Angeles City

ELEMENTARY RECOMMENDATION FORM

Applicant's Name: _____
Last First Middle (Full)

School currently enrolled in: _____ Tel. Number: _____
Address of School: _____

Grade level being applied for:(please check) Grade1 Grade2 Grade3 Grade4 Grade5 Grade6

The student whose name appears above is applying for admission to Chevalier School. Your evaluation is an important part of the school admission process. The response given will be very useful in the assessment of the student. **This form is to be accomplished by either the Class Adviser, Grade School Principal or Guidance Counselor.**

A. Characteristics and Traits (Please Check)	Always	Usually	Sometimes	Never
Shows respect and concern towards others				
Displays self-confidence				
Shows independence and initiative				
Demonstrates leadership skills				
Displays honesty and truthfulness				
Complies with school rules and regulations				
Exhibits punctuality and regularity of attendance				
Shows the ability to handle temper appropriately				
Shows the ability to concentrate in an individual / group task				
Displays good study habits				
Shows the ability of getting along well with others				

B. Academic Performance

_____ Excellent _____ Above Average _____ Average _____ Below Average

C. Describe the student's skills, abilities and any additional qualities that you have observed with the student.

D. Has the student been involved in a serious disciplinary case? Please specify.

E. Recommendation

_____ Highly Recommended _____ Recommended with reservation due to _____
_____ Recommended _____ Not recommended due to _____

Name of Recommending Person: _____ Signature: _____
Designation: _____ Date: _____

Note: Please return to the applicant in a sealed envelope with your signature across the flap. Thank you for your time.