



# CHEVALIER SCHOOL , INC.

McArthur Hi-way, Sto. Domingo, Angeles City

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09674064534

Website: [www.chevalierschool.edu.ph](http://www.chevalierschool.edu.ph)

## Senior High School Recommendation Form

### CONFIDENTIAL

The person whose name appears below has applied for admission at Chevalier School, Inc. We request this recommendation form to be completed by the **CLASS ADVISER**. Your evaluation of the applicant will help the Admission Committee's selection process.

Applicant's Name: \_\_\_\_\_  
Last
First
Middle Name

Current School: \_\_\_\_\_ Contact #: \_\_\_\_\_

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

Evaluator's Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

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How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

For each category, check the most appropriate box.

	Outstanding	Good	Fair	Poor
Academic Achievement				
Attendance				
Communication skills				
Maturity				
Self-reliance & independence				
Social skills				
Ability to focus				
Leadership qualities				
Conduct				

The applicant's scholastic average is \_\_\_\_\_ as of \_\_\_\_\_, 20\_\_\_\_.

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

If yes, kindly check (✓) or specify the applicable behavior/s below.

- \_\_\_ Absenteeism/Truancy
- \_\_\_ Drinking alcoholic beverage
- \_\_\_ Fraternity/Sorority
- \_\_\_ Prohibited Drugs

- \_\_\_ Physical Assault
- \_\_\_ Stealing/Theft
- \_\_\_ Smoking
- \_\_\_ Tardiness

- \_\_\_ Possession of Dangerous Weapons
- Others \_\_\_\_\_

Overall Recommendation	<input type="checkbox"/> This applicant receives my highest recommendation without reservation	<input type="checkbox"/> I recommend this applicant with confidence	<input type="checkbox"/> I recommend this applicant	<input type="checkbox"/> I would not recommend this applicant for admission
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**Note: Please return to the applicant in a sealed envelope with your signature across the flap. Thank you for your time.**