



CHEVALIER SCHOOL, INC.

McArthur Hi-way, Sto. Domingo, Angeles City

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09674064534

Website: www.chevalierschool.edu.ph

JUNIOR HIGH SCHOOL RECOMMENDATION FORM

Applicant's Name: _____
Last First Middle

School currently enrolled in: _____

Address of the School _____

Grade level applying for: (kindly check) ☐ Grade 7 ☐ Grade 8 ☐ Grade 9 ☐ Grade 10

The student whose name appears above is applying for admission to Chevalier School, Inc. We request this recommendation form to be completed by the **CLASS ADVISER**. All information, reports and recommendation about the applicant are kept confidential.

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

	Outstanding	Good	Fair	Poor
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 _____, 20____.
Month Year

2. Please specify any behavioral concerns about the applicant that may need teacher's attention:

- ☐ Restless
- ☐ Moves a lot
- ☐ Lack of or no eye contact
- ☐ Poor social skills
- ☐ Others: (specify) _____
- ☐ Talkative
- ☐ Inattentive
- ☐ Disrespectful
- ☐ Aggressive
- ☐ Bully
- ☐ Dishonest
- ☐ Manipulative

Please specify any particular strength and/or difficulties the student has.

3. Health / Physiological Conditions
Please check the condition/s that applies / apply to the applicant that should be taken into consideration:

- ☐ Asthma
- ☐ Visual Impairment
- ☐ Surgery
- ☐ Allergies
- ☐ None
- ☐ Bronchitis
- ☐ Hearing Impairment
- ☐ Speech Delay
- ☐ Others _____

4. Medication / Therapy
Has he/she been under medication/therapy? ☐ Yes ☐ No
If yes, the treatment/therapy is aimed at addressing
☐ Psychological problems ☐ Developmental/Learning disabilities ☐ Physical health issues

Is the student fit to attend a traditional classroom setting?
☐ Yes ☐ No

How long have you known the applicant? _____ In what capacity? _____

Recommendation:
☐ Strongly Recommended
☐ Recommended
☐ Recommended with reservation (state reason) _____
☐ Not Recommended

Name and Signature of Recommender: _____ Date: _____
Designation: _____
School affiliated: _____ Contact Number: _____

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