



# CHEVALIER SCHOOL, INC.

McArthur Hi-way, Sto. Domingo, Angeles City

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

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Restless                  | <input type="checkbox"/> Talkative     | <input type="checkbox"/> Bully        |
| <input type="checkbox"/> Moves a lot               | <input type="checkbox"/> Inattentive   | <input type="checkbox"/> Dishonest    |
| <input type="checkbox"/> Lack of or no eye contact | <input type="checkbox"/> Disrespectful | <input type="checkbox"/> Manipulative |
| <input type="checkbox"/> Poor social skills        | <input type="checkbox"/> Aggressive    |                                       |
| <input type="checkbox"/> Others: (specify) _____   |  |                                       |

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:

- |                                     |   |                                       |                                       |                               |
|-------------------------------------|---|---------------------------------------|---------------------------------------|-------------------------------|
| <input type="checkbox"/> Asthma     | <input type="checkbox"/> Visual Impairment  | <input type="checkbox"/> Surgery      | <input type="checkbox"/> Allergies    | <input type="checkbox"/> None |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Speech Delay | <input type="checkbox"/> Others _____ |                               |

4. Medication / Therapy

Has he/she been under medication/therapy?  Yes  No

If yes, the treatment/therapy is aimed at addressing

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Psychological problems | <input type="checkbox"/> Developmental/Learning disabilities | <input type="checkbox"/> Physical health issues |
|---|--|---|

Is the student fit to attend a traditional classroom setting?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

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

Recommendation:

- |  |
|--|
| <input type="checkbox"/> Strongly Recommended                              |
| <input type="checkbox"/> Recommended                                       |
| <input type="checkbox"/> Recommended with reservation (state reason) _____ |
| <input type="checkbox"/> 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.**