



Academia de Julia Victoria

learning at its best

STUDENT ADMISSIONS OFFICE
RECOMMENDATION FORM
Kinder 2 - Grade 10

✉ : acadjuliavictoria@yahoo.com
☎ : (046) 489-4004
📍 National Rd. Buhay na Tubig,
Imus, Cavite

Name of Applicant: _____ Level Applying for: _____
Last Name First Name MI

School Name: _____

TO THE PRINCIPAL, CLASS ADVISER OR COUNSELOR:

The child whose name appears above is applying for admission in our school. We would like to request your candid evaluation of his/her academic performance and behavior. Your assistance would greatly help us assess his/her potentials. The information you will give will be held in strict confidence. Kindly return this form in a **sealed envelope** and put **your signature across the flap**.

- Describe the child's academic strengths.

- Describe his/her talents and hobbies.

- Cite extra and co-curricular participation of the child.

- Describe the student's emotional maturity and social skill.

- List down the areas the student needs to improve on.

- Has the applicant been involved or subjected to any major disciplinary action? If yes, please explain.

- Does the applicant have any learning disability that you are aware of? If you believe he/she would need special attention please explain in the space provided.

- The applicant is: Strongly Recommended Recommended with Reservation
 Recommended Not Recommended
- In what capacity have you known the student? _____
For how long? _____
- Student's rank in his/her present level? _____
What is the total number of students in his/her present grade level? _____

ACCOMPLISHED BY:

Name & signature: _____ School name: _____
Designation: _____ School address: _____
Date: _____ Contact no./s: _____

We thank you very much for taking time in giving us your valuable assessment.