



Colegio San Agustin- Makati

Palm Ave, Dasmariñas Village Makati, Metro Manila
8844-3723 or 8991-0100 website: <https://csa.edu.ph>

OFFICE FOR ADMISSIONS (OFAD)

CONFIDENTIAL

RECOMMENDATION FORM

Academic Year 2020-2021

APPLICATION FOR ADMISSION TO: _____ ECE (N-JK-SK) _____ GS(Grades 1-6) _____ JHS (Grades 7-10) _____ SHS(Grade 11)

***APPLICATION DETAILS**

NAME: _____ Grade Level Applying for _____
NAME OF STUDENT AS STATED IN BIRTH CERTIFICATE

NAME OF PRESENT SCHOOL _____ Contact Number _____

ADDRESS _____

REMINDERS BEFORE FILLING OUT THIS FORM

This recommendation form is one of the bases for admission to our school. This provides vital information about the applicant's scholastic ability and behavior. In this connection, the Admissions Committee wishes to request:

To the **parent/student applicant**: Write your name and school above. Give this form to any academic personnel who know you well enough in your current school (e.g. Principal, Guidance Counselor, Adviser or Discipline head). Please provide him/her with a business envelope addressed to the **Admissions Committee** of Colegio San Agustin Makati. **Make sure the envelope is sealed and signed.** Bring the envelope together with the other requirements to the Office for Admissions to proceed with your application. **For foreign applicants, scan the form and send it to your preferred academic personnel.**

To the **person filling out this form**: Kindly provide us a general appraisal and other relevant information pertaining to the applicant that can aid us in knowing your student better. We hope to evaluate the student's fitness and your recommendation will be greatly appreciated. Rest assured that the information given in this form will be treated with utmost confidentiality. Please **affix** the school's dry seal and your signature. Put this in the envelope provided, seal and sign on the flap, and give this back to the

INFORMED CONSENT

I authorize the release of this information to Colegio San Agustin Makati, and I waive my right to see the completed form as this becomes part of the Admissions requirement.

(Parent's Signature over Printed Name)

(Student's Signature over Printed Name)

DO NOT WRITE BELOW THIS LINE (To be filled out by SCHOOL AUTHORITIES)

ACADEMIC/SCHOLASTIC PERFORMANCE: Please provide us his/her current ability level as well as achievement level in English, Math, and Science using the following classifications. You may provide attachments for previous records

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	REMARKS
SCHOOL ABILITY					
ACHIEVEMENT					
ENGLISH					
MATH					
SCIENCE					
COMMUNICATION SKILLS					
MOTIVATION/INTEREST					

Student's academic performance comparative to the entire grade/level population. He/she belongs to the:
__Top 10% __Top 25% __Top 50% __ Middle50% __Lower 50% __Lower 25% __ Lower 10%

SOCIAL SKILLS/DEPORTMENT: Please provide us his/her level of social-emotional skills using the following classifications. You may provide attachments for previous records

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
SOCIABILITY				
EMOTIONAL STABILITY				
ATTENDANCE				
PUNCTUALITY				
COURTESY				
RESPECT TO AUTHORITY				
HONESTY				

FURTHER INQUIRIES

Has the applicant ever been subjected to any disciplinary action? YES NO. Please give details

Has the applicant ever been requested to undergo therapy or any psychological evaluation/assessment? YES NO
Please give details

Is the child fit to attend a traditional classroom setting? YES NO. Please give details

Has the applicant had any family/peer/behavioral/cognitive problem/s that may have had an effect on the student's academic performance? YES NO Please give details

Please write your overall impression about the applicant

OVERALL RECOMMENDATION (CHECK ONE)

Strongly Recommended Recommended Not Recommended

Recommended with Reservation – Please provide a brief explanation: _____

Signature over Printed Name

Position

Contact Number