



Dominican School
GUIDANCE AND COUNSELING CENTER
1044 A.H. LACSON ST. SAMPALOC, MANILA

RECOMMENDATION FORM

This form maybe accomplished by any of the following: Principal, Assistant Principal, Prefect of Discipline, Guidance Counselor or Class Adviser.

Name of Applicant: _____ Sex: _____
Last First MI

School: _____ School Address: _____

The above-mentioned student is applying for admission to Dominican School, you are kindly requested to make an evaluation of the student applicant.

During the year the applicant was with us, he belongs to the:

Top 10%

Top 21 to 75%

Top 11-20%

Low 25%

Please check one:

Strongly Recommended

Recommended with Reservation

Recommended

Not Recommended

Has the applicant been involved in any serious disciplinary case? If yes, please explain:

Number of year(s) the applicant has been in your school? _____

Please return this evaluation form in a sealed envelope, with your signature across the flap.
Thank you.

Signature: _____

Date: _____

Name: _____

Position: _____

(Please Print)

Tel. No.: _____