

**Guidance Office Recommendation Form
(From the Parents/ Guardians)**

Recommendation Form for New Applicants:

Name of Applicant: _____ Grade/ Year Applied for: _____

To the Parent/ Guardian:

Below are some points that the Committee on Admissions is interested to know. Your honest assessment will greatly help the Committee in its decision. Thank you very much.

1. Has your child ever repeated or skipped a grade / class / year level? Yes No
If yes, please give details.

2. Does your child, to your knowledge, have any particular learning disabilities? Yes No
If yes, please give details.

3. Has your child received remedial assistance in his/ her current school? Yes No
If yes, please give details.

4. Did your child have any behavioral/disciplinary problems in his/ her current school, e.g. bullying, cutting classes, etc.?
Yes No
If yes, please give details.

5. Do you foresee any major difficulty on the part of your child when she/he transfers to another school? Yes No
If yes, please give details.

6. Describe your child as a learner, both in academics and behavior.

7. What are the reasons for transferring your child to another school?

PRINTED NAME AND SIGNATURE OF PARENT

IMPORTANT: Please put the accomplished form in a sealed envelope with your signature on the flap. We thank you and assure you of the confidentiality of this communication.