



Lourdes School Quezon City

Kanlaon cor Don Manuel Sts.
Sta. Mesa Heights, Quezon City
Tel. Nos. 8 7315127 / 8 7315159 / 8 7315198
Email Address: registrar@lsqc.edu.ph

RECOMMENDATION FORM

Applicant's Name in Birth Certificate

Last Name		First Name		Middle Name		Age	
Name of School							
School Address							
Current Grade Level:				School Year:			
Length of time acquainted with the applicant:							

The applicant is seeking admission in our school. Kindly evaluate him/her carefully by filling out the form completely. The Admission Committee would appreciate your cooperation in giving your honest ratings on the following areas. All information will be kept confidential.

A. PERSONAL PROFILE

B. ACADEMIC PROFILE

AREAS	LOW	AVERAGE	HIGH	Lacks Sufficient Information	AREAS	LOW	AVERAGE	HIGH	Lacks Sufficient Information
2. Emotional Stability					2. Communication Skills English Filipino				
3. Sociability					3. Motivation				
4. Religiosity					4. Diligence				
5. Family Relation					5. Conduct				
6. Leadership					6. Co-Curricular Activities				

C. Has the applicant ever been involved in any disciplinary offense or misdemeanor? _____

Please specify the offense, date and action taken by the school _____

D. OVER-ALL EVALUATION

Highly Recommended

Recommended with Reservation

Recommended

Not Recommended

Reasons: _____

Signature over Printed Name of the Recommending Person

Date

Designation

To the Recommending Person:

- After accomplishing, kindly email or send this form directly to **registrar@lsqc.edu.ph**
- Please do not provide copy to the applicant/parent of the applicant.
- Please do not forget to attach your signature on the space provided.
- Thank you for your kind assistance and cooperation.