STONYHURST SOUTHVILLE INTERNATIONAL SCHOOL
Malarayat Campus

Mahogany Avenue, Brgy. Dagatan,
Lipa City, Philippines
infolipa@stonyhurst.edu.ph
(043) 757 4878 ★ (0925) 811 1385

FM-SSIS-REG-24-A
Revision 4. Effectivity Date 11202019

RECOMMENDATION FORM

To the Applicant: *Please fill-up the blanks in this box and give this form to the recommending personnel together with a letter white envelope.*

Name _____Grade/ Level_____
Last First Middle
Home Address
_____
_____ Telephone #_____

School_____Address_____Telephone # _____

TO THE PRINCIPAL/ GUIDANCE COUNSELOR/ CLASS ADVISER

The student whose name appears above is applying for admission to Stonyhurst Southville International School. ***Please complete this form, enclose it in a sealed envelope with your signature across the flap, and return the envelope to the applicant.*** *We assure you that all information will be kept confidential.*

A. Please check one: In the entire graduating class or grade level (a total of _____ students), the applicant belongs to the:

___ Top 10 ___ Upper 25% ___ Middle 50% ___ Lower 25 %

B. Please rate the applicant using the following:

5 – Superior
4 - Above Average
3 – Average
2 – Below Average
1 – No chance to observe

_____Academic Performance
_____Written Communication Skills
_____Leadership Potential
_____Respect for Authority
_____Oral Communication Skills
_____Study Habits
_____Emotional Motivation
_____Cooperation with Peers

C. Has the applicant been subjected to any disciplinary action?

Misconduct ☐ yes ☐ no
Academic ☐ yes ☐ no

If yes, please specify the offense and action taken by the school._____
_____
_____

RECOMMENDATION:

☐ Strongly Recommended
☐ Recommended
☐ Recommended with Reservation

Printed name and Signature: _____ Date: _____

Designation:_____