



DE LA SALLE LIPA

INSTITUTIONAL ADMISSIONS AND TESTING OFFICE (IATO)

Integrated School

RECOMMENDATION FORM

To the applicant/applicant's parent: *Please fill-up the blanks in this box and give this form to the recommending personnel.*

Name of Applicant: _____
Last Name *First Name* *MI*

Sex: Male Female Grade / Level Applied for: _____

School: _____ School Address: _____

To the Principal, Class Adviser or Counselor:

Your student named above is applying for admission to De La Salle Lipa Integrated School. To help us evaluate his/her credentials, please accomplish this form. Please do not leave any space blank. Indicate N/A if not applicable.

Aspects	Not Recommended	Recommended with Reservation	Recommended	Highly Recommended
Academic Potential				
Study Habits				
Discipline				
Motivation				

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 %

Was there an instance when the applicant has been subjected to disciplinary action? If yes, please cite the incident briefly.

Please provide us other pertinent information (Ex: present physical or other form of illness / difficulty) that may help us anticipate the best possible assistance we can give if and when said applicant is admitted.

Please cite special skills, talents, abilities and achievements of the applicant.

Overall Recommendation: Highly Recommended
 Recommended
 Recommended with Reservation (Please state your reason/s below.)
 Not Recommended (Please state your reason/s below.)

Reason/s: _____

 (Please sign over printed name.) *Designation* *Contact No.* *Date Accomplished*

Please return to the applicant in a sealed envelope with your signature across the seal or flap. Thank you.