



Sacred Heart School – Hijas de Jesus

聖心學校-耶穌孝女會

Don Jose Avila St., Cebu City

Tel. No. 253-6347 Fax. No. 254-4499

“The Hijas Mark: A Brother/Sister to Others” (Tatak Hijas: Kapatid sa Kapwa)

IMPORTANT: DATA PRIVACY CLAUSE In observance of Data Privacy Act 2012, Sacred Heart School – Hijas de Jesus uses your personal data to pursue its legitimate interests as an educational institution for purposes within the bounds permitted or required by law. It is understood that the Data Privacy Act 2012 imposes stricter rules for the processing of sensitive, personal, and privileged information. Sacred Heart School - Hijas de Jesus is fully committed to abiding by those rules. **By filling out this form, you express your agreement and your consent for the school to process your personal data.** Thank you.

RECOMMENDATION FORM – B
JUNIOR HIGH AND SENIOR HIGH NEW APPLICANTS

PLEASE FILL OUT THIS FORM USING BLUE INK. THANK YOU.

NAME OF NEW APPLICANT: _____
GRADE LEVEL APPLIED FOR: _____ RELIGION: _____

To the Recommending Officer: (School chaplain/Campus or Pastoral Minister/Values Ed. teacher/Class Adviser/Religious Sister or Brother Adviser)

The student whose name appears above is at present seeking admission in our school. Below are some points that the Committee on Admission is interested to know. Your truthful and candid response to the information requested below will greatly help the Committee in its decision (you may attach additional sheets if necessary.) Thank you very much.

A. PLEASE ANSWER THE FOLLOWING BRIEFLY:

- 1. How long have you known the student applying for admission? _____
- 2. By what connection have you known the student? _____
- 3. How well do you know the student applicant? _____

B. BASED ON YOUR IMPARTIAL OBSERVATION, DESCRIBE THE STUDENT’S GENERAL ATTITUDE TO THE FOLLOWING. (Put a check mark under the appropriate column)

Items	Positive	Indifferent	Negative
Catholic Church			
Catholic Religion			
Catholic Beliefs			
Eucharist/Holy Mass			
Devotion to Mary and the Saints			
Faith Sharing			
Community Prayer/Praise/Worship			
Community Involvement/Outreach			
Spiritual Recollection/Retreat			

C. PLEASE FEEL FREE TO WRITE YOUR COMMENTS/GENERAL OBSERVATIONS WHICH ARE RELEVANT TO THE INFORMATION ABOVE AND WHICH YOU THINK WILL BE HELPFUL TO THE COMMITTEE ON ADMISSIONS IN ITS DELIBERATION.

- ☐ Recommended
- ☐ Recommended with Reservations
- ☐ Not Recommended

NAME OF EVALUATOR: _____ SIGNATURE: _____
DATE: _____ TITLE/POSITION: _____ CONTACT NO.: _____
ADDRESS/SCHOOL/PARISH: _____ ZIP CODE: _____

IMPORTANT:
Please enclose this recommendation form in the envelope provided with your signature across the flap. Forward this through the applicant or send via email to registrar.shs.hijas@gmail.com. We appreciate your time spent in answering all the necessary items. Be assured of the confidentiality of this communication. Thank you very much.