



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

"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 – A GRADES 1-9 AND GRADE 11 APPLICANTS

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

NAME OF NEW APPLICANT: _____ **STUDENT NUMBER:** _____
GRADE LEVEL APPLIED FOR: _____

To the Recommending Officer: (from the Principal/Guidance Counselor/Class Adviser)

The pupil/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 candid assessment of the pupil/student will greatly help the Committee in its decision. Thank you very much.

A. PLEASE CHECK THE CATEGORY THAT, IN YOUR OPINION BEST DESCRIBE THE APPLICANT:

ITEMS	VERY GOOD	GOOD	SATISFACTORY	BELOW SATISFACTORY
Intellectual Ability				
Attitude Towards Authority				
Capacity for Self-control				
Cooperation and Teamwork				
Degree of Independence/Autonomy				
Leadership Ability				
Openness to Correction/Criticism				
Relationship with others				
Self-confidence				
Work and Study Habits				

B. PLEASE ANSWER BRIEFLY THE FOLLOWING:

1. Did the pupil/student have any experience of being given disciplinary sanction by the school, e.g. suspension? YES ☐ NO ☐

If YES, please cite the nature of the offense:

During what grade level? _____ How old was the pupil/student? _____

2. Does the pupil/student have a history of unhealthy habits, e.g. substance abuse, smoking, class cutting, bullying, etc? YES ☐ NO ☐

If YES, please give a brief description:

3. Do you foresee any major difficulty on the part of the pupil/student when he/she transfers to another school? YES ☐ NO ☐

If YES, please elaborate:

4. Would you have an idea as to why the pupil/student is transferring to another school? YES ☐ NO ☐

If YES, please specify:

C. CHECK THE BOX APPLICABLE TO THE APPLICANT:

☐ Under Remedial Program

Please specify: _____

☐ With Psychological Intervention

Please specify: _____

☐ With special needs

Please specify: _____

D. PLEASE FEEL FREE TO MAKE ANY COMMENTS OR INFORMATION REGARDING THE APPLICANT, WHICH YOU THINK, CAN HELP THE COMMITTEE ON ADMISSION IN ITS DELIBERATIONS:

- E. PLEASE CHECK THE TYPE OF RECOMMENDATION YOU HAVE FOR THE APPLICANT:**
- ☐ I strongly recommend the applicant for admission to SHS-Hijas de Jesus.
 - ☐ I generally recommend the applicant for admission to SHS-Hijas de Jesus.
 - ☐ I recommend the applicant for admission with some reservation.
 - ☐ I do not recommend the applicant for admission to SHS-Hijas de Jesus.

Name of Evaluator: _____ **Name of School:** _____

Signature: _____ **Address & Contact No.:** _____

Position: _____ **Date:** _____

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.

The Committee on Student Admissions
Sacred Heart School – Hijas de Jesus