



# GOOD SHEPHERD CATHEDRAL SCHOOL

Omega Ave. Corner Rado St., Fairview, Quezon City  
Telephone No. 431.0793 / Telefax: 430.7822

## REGISTRAR & ADMISSION OFFICE

Name of Student: \_\_\_\_\_  
(Last) (First) (Middle)

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

**To the Principal:** The above-named student's application to the Good Shepherd Cathedral School cannot be processed without this recommendation. Your assistance in providing us with relevant information will be greatly appreciated. Please feel free to attach additional information that could help us in our evaluation. Upon completion, please return this form to us in a sealed envelope signed across the flap. Rest assured that whatever information you disclose will be held in strict confidence.

### 1. Academic Record

<i>Quarter</i>	<i>Math</i>	<i>Science</i>	<i>English</i>	<i>Filipino</i>	<i>Makabayan</i>	<i>Average</i>
<i>First</i>						
<i>Second</i>						
<i>Third</i>						
<i>Fourth</i>						

### 2. Scholastic Standing

- \_\_\_\_\_ Top 10% of class  
\_\_\_\_\_ Upper 25% of class  
\_\_\_\_\_ Upper 50% of class  
\_\_\_\_\_ Belongs to bottom 25% of class

***Summary Evaluation***

- \_\_\_\_\_ A. Strongly Recommended
- \_\_\_\_\_ B. Recommended
- \_\_\_\_\_ C. Recommended with Reservations (Please state reasons)
- \_\_\_\_\_ D. Not Recommended  
(Please state reasons for letters C and D)

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Name of respondent: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Date: \_\_\_\_\_