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

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Math</th>
<th>Science</th>
<th>English</th>
<th>Filipino</th>
<th>Makabayan</th>
<th>Average</th>
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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)

Name of respondent: ___________________________________
Signature: ____________________________________________
Name of School: _______________________________________
Address of School: _____________________________________
Date: ________________________________________________