



OPERATION BROTHERHOOD MONTESSORI CENTER, INC.

3 Eisenhower St., Greenhills
San Juan, Metro Manila
Tel # 7229720 – 27 loc. 239/240

- Grade School
 High School
 College

**RECOMMENDATION FORM
(For the Principal / Dean)**

Name of Student _____
Surname First Name Middle Name

School _____

Address of School _____ Telephone No. _____

Academic Qualifications:

1. The Applicant's academic rank in the class?

_____ Top 10% _____ Top 25% _____ Middle 50% _____ Lower 25%

Total number of students in the class: _____

2. Please specify failing grades if any:

Subject	Mark
_____	_____
_____	_____
_____	_____
_____	_____

3. Please assess the applicant by checking the appropriate boxes:

- a. Class Attendance

never absent rarely absent frequently absent always absent

- b. Punctuality

always on time rarely late frequently late always late

- c. Personal Conduct

excellent good fair needs improvement / poor

- d. Study Habits

excellent good fair needs improvement / poor

4. Has the applicant ever incurred any violation to your school rules & regulation?

- No
 Yes (specify nature of the offense & corresponding sanction given)

5. Should the applicant not be accepted/admitted to our school, will your school accept him/her for the next school year enrollment? If no, please explain briefly?

Recommendation:

I strongly recommend

I recommend him / her with reservations

I recommend

I do not recommend

Principal's Name

Address

Signature

Date

**Please return this form to the applicant in a sealed envelope, with your signature across the flap.
The applicant will then submit the sealed envelope to OB Montessori Center, Admissions Office.**

Please affix school dry seal here