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 of 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