COLLEGE OF THE HOLY SPIRIT MANILA
BASIC EDUCATION DEPARMENT
GUIDANCE OFFICE

Name of Applicant _____
(Name according to birth certificate) Last First Middle Name

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To Whom It May Concern:

The above named student is seeking for admission to the Basic Education Department of College of the Holy Spirit of Manila. Your assistance in providing us with relevant information about the applicant will be very much appreciated. It is important that the form be filled out **CAREFULLY and COMPLETELY**.

All information will be kept confidential.

Please type or print all information legibly. After filling out the form, please **seal it in an envelope, sign the flap, and return it to the applicant.**

Thank you for your assistance.

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Please fill out the form completely and accurately for proper appraisal of the student.

	Above Average	Average	Below Average	No chance to Observe
Academic Performance				
Emotional Stability				
Social Relationship				
Moral Character				
Leadership				

1. ACADEMIC STANDING/RANK (Do not omit this)
___Top 10 percent
___Upper 25 percent of the class
___Upper 50 percent of the class
___Belongs to the third quarter of the class
___Belongs to the bottom 25 percent

2. TYPE OF SECTION
___Honors ___Semi-Honors ___No Honors Section

3. TYPE OF SCHOOL
___Public ___State University
___Private Sectarian ___Private Non-Sectarian

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RECOMMENDATION

1. Is the applicant a candidate for honors? ____Yes ____No
2. Has the applicant ever been subject for disciplinary action? If yes, please explain why (indicate the offense, date, penalty) and give your assessment of the student at this time.

_____
_____
_____

3. Has the applicant failed in any subject in previous year? Please give subject(s) and grade(s) obtained.

_____

Not valid
without school seal

Signature of respondent_____
Printed Name_____
Position_____
School_____
School Address_____
Telephone/Fax Nos._____
Email Address_____