



ST. THERESA'S COLLEGE, Q.C.
 116 D. Tuazon Ave.; Brgy. Lourdes,
 Quezon City, Philippines, 1114
 740- 1802/ 740- 1821
 http://www.stcqc.edu.ph

RECOMMENDATION FORM

(to be accomplished either by the school administrator, guidance counselor/class adviser)

AUTHORIZATION / VERIFICATION *(to be signed by the parent/legal guardian)*

I knowingly and voluntarily consent to the disclosure and processing of my daughter's personal information and sensitive personal information including but not limited to (disciplinary records and special need, psycho-emotional condition and physical disability) contained in the application form to St. Theresa's College for purpose of assessing my daughter's application. This information will be shared with authorized personnel of the school with legitimate educational interest.

This also authorizes any school that my daughter previously attended to release any information/records requested by STC, QC in relation to this application. The school may use such information in the processing of this application.

 PRINTED NAME & SIGNATURE OF PARENT/LEGAL GUARDIAN

 DATE ACCOMPLISHED

Name of Student Applicant _____

Last

First

Middle

School Currently Enrolled in _____ **School Year** _____

School Address: _____ **Contact No.** _____

Current Grade Level or its Equivalent: _____ **LRN:** _____

1. Academic Achievement:

The student applicant's academic rank

___ Top 10% ___ Top 25% ___ Middle 50% ___ Lower 25%

Please specify any particular strengths and/or difficulties the student has. _____

Please check the student applicant's most recent performance rating in the following areas:

2. Behavior in class/school

Excellent Very Good Good Satisfactory Needs Improvement

Please specify any behavioral concerns about the student that may need teacher's attention.

lack of or no eye contact short attention span moves a lot/ fidgety
 poor social skills speech delay others: (specify) _____

3. Is the child fit to attend a traditional school setting? YES NO, Why? _____

Recommendation:

Strongly Recommended
 Recommended
 Recommended with Reservation because _____
 Not Recommended because _____

 Signature over Printed Name

 Position

 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 STCQC Guidance and Counseling Center.**

Please affix school dry seal here