



# Our Lady of Mercy School of Quezon City

*Shaping The Future Today*

Commonwealth Ave., Cor J.P.Rizal, Batasan Hills, Quezon City 1126 Ph:+632-3428-4745 [www.olms.edu.ph](http://www.olms.edu.ph)

## RECOMMENDATION FORM

(to be filled out by the Class Adviser)

NAME OF STUDENT: \_\_\_\_\_

Family Name

First Name

Middle Name

TO THE CLASS ADVISER:

This form is a confidential report written on behalf of the student named above and will be used solely for purposes of admission. We would benefit from your perspective in providing us with impressions of the student's personal qualities and contribution to your school community. Type or print all information legibly. Countersign erasures and corrections made. After accomplishing the form, please email a scanned copy of the recommendation form to – [admin@olms.edu.ph](mailto:admin@olms.edu.ph)  
Thank you.

1. How long have you known the applicant?

\_\_\_\_\_  
\_\_\_\_\_

2. Please check the words which you feel best describes the applicant in general:

_____ absentminded	_____ lovable	_____ courteous	_____ self-confident
_____ aggressive	_____ nervous	_____ dependable	_____ shy
_____ quick tempered	_____ participative	_____ depressed	_____ sociable
_____ capable	_____ passive	_____ calm	_____ submissive
_____ cautious	_____ pessimistic	_____ queer	_____ excited
_____ cheerful	_____ poor health	_____ quiet	_____ generous
_____ judgmental	_____ problematic	_____ reserved	_____ helpful
_____ irritable	_____ jealous	_____ stubborn	_____ tactful
_____ Talented	_____ unhappy	_____ talkative	_____ vain
_____ unreasonable	_____ very outspoken	_____ very active	

Name of Class Adviser: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## RECOMMENDATION FORM

(to be filled out by the Guidance Counselor)

NAME OF STUDENT: \_\_\_\_\_

Family Name

First Name

Middle Name

TO THE GUIDANCE COUNSELOR:

This form is a confidential report written on behalf of the student named above and will be used solely for purposes of admission. We would benefit from your perspective in providing us with impressions of the student's personal qualities and contribution to your school community. Type or print all information legibly. Countersign erasures and corrections made. After accomplishing the form, please email a scanned copy of the recommendation form to – [admin@olms.edu.ph](mailto:admin@olms.edu.ph)  
Thank you.

Please check which among the case/s below the applicant was involved in:

- |   |   |
|---|---|
| <input type="checkbox"/> Cheating                                       | <input type="checkbox"/> Habitual Tardiness     |
| <input type="checkbox"/> Complicity in the grave offense of others      | <input type="checkbox"/> Insubordination        |
| <input type="checkbox"/> Consistent disregard for school regulation     | <input type="checkbox"/> Oral Defamation        |
| <input type="checkbox"/> Cutting classes or Truancy                     | <input type="checkbox"/> Public Scandal         |
| <input type="checkbox"/> Drinking Alcohol or any intoxicating beverages | <input type="checkbox"/> Running away from home |
| <input type="checkbox"/> Drug Addiction                                 | <input type="checkbox"/> Sexual Deviation       |
| <input type="checkbox"/> Drug Pushing                                   | <input type="checkbox"/> Smoking                |
| <input type="checkbox"/> Falsification of official documents            | <input type="checkbox"/> Stealing/Shoplifting   |
| <input type="checkbox"/> Forgery  | <input type="checkbox"/> Suicidal Act           |
| <input type="checkbox"/> Gambling                                       | <input type="checkbox"/> Vandalism              |
| <input type="checkbox"/> Gross Dishonesty                               | <input type="checkbox"/> Violence               |
| <input type="checkbox"/> Use of obscene and abusive language            |   |

Others: \_\_\_\_\_  
\_\_\_\_\_

OVERALL RECOMMENDATION:

- |   |   |
|---|---|
| <input type="checkbox"/> I strongly recommend | <input type="checkbox"/> I recommend with reservation |
| <input type="checkbox"/> I recommend          | <input type="checkbox"/> I do not recommend           |

Signature of Guardian Counselor: \_\_\_\_\_

Name of Guardian Counselor: \_\_\_\_\_

Date: \_\_\_\_\_



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## RECOMMENDATION FORM (to be filled out by the Principal)

NAME OF STUDENT: \_\_\_\_\_

Family Name

First Name

Middle Name

TO THE PRINCIPAL:

This form is a confidential report written on behalf of the student named above and will be used solely for purposes of admission. We would benefit from your perspective in providing us with impressions of the student's personal qualities and contribution to your school community. Type or print all information legibly. Countersign erasures and corrections made. After accomplishing the form, please email a scanned copy of the recommendation form to – [admin@olms.edu.ph](mailto:admin@olms.edu.ph)  
Thank you.

1. Please check:

\_\_\_\_\_ He/She has no failing grades in any subject of the current year.

\_\_\_\_\_ He/She has failing grades in any subject of the current year.

2. Has the applicant ever been subjected to disciplinary action?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, please indicate the offense, date and sanction given and detailed assessment of the student at present: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OVERALL RECOMMENDATION:

\_\_\_\_\_ I strongly recommend

\_\_\_\_\_ I recommend with reservation

\_\_\_\_\_ I recommend

\_\_\_\_\_ I do not recommend

Signature of Principal: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

Date: \_\_\_\_\_



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NAME OF STUDENT \_\_\_\_\_  
Family Name First Name Middle Name

Name of Last School Attended \_\_\_\_\_

School Address \_\_\_\_\_

School Tel. No. \_\_\_\_\_ Applying for Admission (Year Level) \_\_\_\_\_

## SCHOOL RECORD

### INSTRUCTIONS:

To the Student Applicant: Write your name above and give this form to your Principal.

To the Principal: The above-mentioned person is applying for admission to Our Lady of Mercy School of Quezon City. Please fill-out the form accurately and completely. Type or print all information legibly.

Countersign erasures and corrections made. After accomplishing the form, please email a scanned copy of the School Record to – [admin@olms.edu.ph](mailto:admin@olms.edu.ph) All information will be kept confidential. Thank you.

SUBJECTS	FINAL GRADE				
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Average
ENGLISH					
FILIPINO					
MATHEMATICS					
SCIENCE					
SOC. STUDIES					
CLE					

At the end of the \_\_\_\_ grading period his/her General Average is \_\_\_\_\_>

\_\_\_\_\_  
Signature over Printed Name of Principal/Registrar

\_\_\_\_\_  
Date