# Recommended Form

## (For the Principal / Dean)

<table>
<thead>
<tr>
<th>Name of Student</th>
<th>Surname</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>School</th>
<th>Address of School</th>
<th>Telephone No.</th>
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</thead>
</table>

## 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:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Mark</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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