



# San Beda College Alabang

Don Manolo Blvd., Alabang Hills Village,  
Alabang, 1770 Muntinlupa City  
Tel. No.: 809-7047; 236-7222 loc. 1080 / 2310  
Website: www.sanbeda-alabang.edu.ph  
**ADMISSIONS AND TESTING CENTER**

NAME OF APPLICANT AS STATED IN BIRTH CERTIFICATE

LAST NAME

FIRST NAME

MIDDLE NAME

GENDER  Male  Female

## STUDENT ACADEMIC AND DISCIPLINE APPRAISAL

PRESENT SCHOOL \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

### INSTRUCTIONS

**To the applicant:** Write your name and school above. Give this form to the person of authority who knows you well enough in your present school (e.g., Principal, Guidance Counselor, Adviser or Discipline head). Please provide him/her with white envelope.

**To the person filling out this form:** The above applicant is seeking admission at San Beda College Alabang. Please provide us with relevant information and honest evaluation about his/her academic potentials, accomplishments, discipline record, capabilities and traits helpful in the screening process. Rest assured that all information will be held in confidence.

### EVALUATION

	Excellent	Above Average	Average	Below Average	No Basis
Academic Potential					
Emotional Maturity					
Leadership Ability					
Consistency of Performance					
Sociability					
Resiliency					

Applicant's academic performance relative to the entire grade/level population. He/she belongs to the (Please tick one):

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

Has the applicant incurred any academic failure during the present school year? If yes, please specify the subject/s, grade/s and quarter/s. \_\_\_\_\_

Has the applicant been placed on probation, suspension, or dismissed from school for **academic** or **disciplinary** reasons? ( ) YES ( ) NO (e.g., stealing, fighting, cheating, drug use) If yes, please indicate the offense, date, and penalty and give your assessment of the student applicant at present. \_\_\_\_\_

Please share with us your appraisal of the applicant's strengths and limitations, learning needs, physical condition and/or any behavioral observation that may affect his/her performance in school. (Please provide a separate sheet if needed)

### OVERALL RECOMMENDATION

Please check the appropriate box

Highly recommended FOR ADMISSION

Recommended FOR ADMISSION

Recommended with reservations due to: \_\_\_\_\_

Not Recommended FOR ADMISSION due to: \_\_\_\_\_

(Please provide separate sheet if needed)

Please do not leave this part blank

NAME: \_\_\_\_\_

SUBJECT/S TAUGHT: \_\_\_\_\_

POSITION/DESIGNATION: \_\_\_\_\_

CONTACT NUMBERS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_