

APPLICATION FOR ADMISSIONS AY 2018-2019

GRADE: _____



RECOMMENDATION LETTER FROM THE PRINCIPAL/GUIDANCE COUNSELOR

Name: _____
Last Name First Name Middle Name

Name of School: _____ Level and Section: _____ Gender: _____

The student named above is applying for admission at The Meridian International Learning Experience, Inc. Please return this recommendation form to the applicant in a sealed envelope with your signature across the flap. The applicant will then submit the sealed envelope to the Registrar's Office - Admissions.

Please check the box that applies

	Above Average	Average	Below Average	Needs further assistance
Ability to relate well with peers				
Ability to relate well with adults				
Ability to deal with problems / stress / challenges				
Emotional stability				
Motivation (in school)				
Leadership abilities				
Adaptability to change				

Has the child been given any disciplinary measures? (Please check) Yes ____ (Explain why) No ____

Has the child been diagnosed with a special need? (Please check) Yes ____ No ____
Please Specify (*Learning disability, ADHD, etc.*):

COMMENTS: (Additional feedback / comments which will help us to know the applicant better):

RECOMMENDATION:

_____ I strongly recommend the candidate for admission.

_____ I recommend the candidate for admission.

_____ I recommend the candidate with reservation because _____

Recommendation prepared by:

Printed Name : _____

Signature : _____

Position : _____

Date : _____

School Seal
(Valid with seal)