

The Beacon Academy
Cecilia Araneta Parkway
Biñan, Laguna Philippines
(+632) 425-1326
admissions@beaconacademy.ph

Recommendation Form

Applicant's Name _____ Current Grade Level _____
LAST FIRST MIDDLE

To the Evaluator: The applicant is applying for admissions into Beacon Academy. We would appreciate your help by providing answers to this recommendation form as part of their application.

How well do you know the applicant? very well a little not at all

In what capacity do you know the applicant?

Please provide a concise statement concerning the applicant's character, ability, diligence as a student, potential for future development, and any other information that may be pertinent to our consideration of the application.

Overall recommendation of this applicant:

Highly Recommended Recommended Recommended with Reservations Not Recommended

Thank you for your valuable time to complete this evaluation. Your reflections are an important part of the application.

NAME (PLEASE PRINT)

TITLE

SCHOOL

E-MAIL ADDRESS & CONTACT NUMBER

MAILING ADDRESS

Would you be willing to have us contact you for further information

Yes No

SIGNATURE

DATE