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

Recommendation Form	
Applicant's Name	Current Grade Level
To the Evaluator: The applicant is applying for admissions into Beacc 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 and any other information that may be pertinent to our consideration of	
Overall recommendation of this applicant:	
☐ Highly Recommended ☐ Recommended ☐ Recommended w	vith Reservations ☐ Not Recommended
Thank you for your valuable time to complete this evaluation. Your re	eflections 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