

Recommendation Form

Beacon Christian School
615 Stewart Avenue, Lewiston, ID 83501
(208) 743-8361 Fax (208) 743-3787
Email: beaconschool@cableone.net

Three recommendations must be returned. One must be from a homeroom teacher; one from the principal or counselor; one from one of the references listed below.

(Recommender: Please fold, stamp, and mail to the address above when finished. Thank you.)

The confidential recommendation below is for: (Student Name) _____

How well do you know this student? Well Some Little Records Only How Many years? ____
In what capacity have you know the applicant? principal teacher pastor employer
 homeroom teacher other (specify) _____

TRUSTWORTHINESS

- Very trustworthy
- Generally trustworthy
- Tends to be dishonest

HEALTH

- Very strong and healthy
- Average health
- Weak, low vitality

INDUSTRIOUSNESS

- Resourceful and enthusiastic
- Average worker
- Works only under pressure
- Not interested in work

STRENGTH OF CHARACTER

- Firm, Steady, consistent
- Fairly Stable
- Weak, easily influenced

CHOICE OF FRIENDS

- Chooses wisely
- Somewhat wisely
- Somewhat carelessly
- Chooses carelessly

PERSONAL APPEARANCE

- Well groomed
- Neat and clean
- Careless

COOPERATION

- Helpful
- Works well with others
- Uncooperative

TO YOUR KNOWLEDGE HAS APPLICANT EVER USED:

- Alcohol
- Tobacco
- Drugs
- Other _____

TEMPERMENT

- Gets angry easily
- Handles Pressure well
- Self Controlled

COOPERATES WITH AUTHORITY

- Very well
- Average
- Poor
- No Basis

Do you recommend the applicant as a desirable student for Beacon? Yes ____ No ____ With Reservations ____
I am familiar with the standards and policies of Beacon Christian School and the Seventh-day Adventist Church.
Yes ____ No ____

Your Name: _____ Position: _____

Signature: _____ Phone: _____ Date: _____

Remarks: _____
