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2623 0034
2623 0431

Recommendation Form

The parents of _____ have applied to have their child admitted to Hong Kong Adventist Academy. We ask your help in evaluating the applicant as a potential student. Please provide us with the best possible information so that we can make the best decision for enrolment. Thank you.

Please circle the number that best identifies the items listed to the right by using the following guideline:

- 1 – Poor
- 2 – Below Average
- 3 – Average
- 4 – Above Average
- 5 – Superior
- N – Inadequate Information

Honesty	1	2	3	4	5	N
Attitude Toward Authority	1	2	3	4	5	N
Influence on Peers	1	2	3	4	5	N
Ability get along with others	1	2	3	4	5	N
Punctuality	1	2	3	4	5	N
Emotional Stability	1	2	3	4	5	N
Motivation to Learn	1	2	3	4	5	N
Intellectual Ability	1	2	3	4	5	N
Health	1	2	3	4	5	N
Home Environment	1	2	3	4	5	N
Religious Commitment	1	2	3	4	5	N

Within your knowledge has the applicant ever:

Used Tobacco	Y	N	Been involved with a theft	Y	N
Used Alcoholic Beverages	Y	N	Been suspended from school	Y	N
Used Illegal Drugs	Y	N	Been detained by police	Y	N
Used Profane Language	Y	N			

To your knowledge, does the applicant have any major learning and/or behavioral difficulties or disabilities? Y N

If yes, please explain: _____

Please share any other comments you may have about the applicant and/or his or her family:

What is your recommendation to the committee concerning this applicant?

- Accept without reservation
- Accept with reservation
- Do not accept
- I would prefer to talk to you privately concerning this applicant

Name: _____ Date: _____

Signature: _____ Telephone & Email: _____

Relationship to Applicant: _____

Position and Organization: _____ Organization Stamp: _____

Please fold, staple, and put in the mail OR fax to 2623-0431. Thank you.

Please Fold Here

From: _____

Place
Stamp
Here

Hong Kong Adventist Academy

1111 Clear Water Bay Road
Sai Kung, NT

Please Fold Here