Cornerstone Academy

OPTIONAL PERSONAL RECOMMENDATION

To be completed by a personal acquaintance

The student whose name appears below is applying for admission to Cornerstone Academy. Please use the spaces provided or attach a letter to this form. Your comments will be most helpful to the Admissions Committee.

Applicant Information

Last Name _____ First _____ Middle _____

How long have you known the applicant? _____

How do you know the applicant? _____

Based on your experience with this student, how will he or she contribute to the Cornerstone Academy community? *(Please discuss the candidate's strengths, ability to work with others, and character.)*

Please return this form to:
The Admissions Office
Cornerstone Academy, 501 Cambridge Street, San Francisco, CA 94134 USA

Cornerstone Academy

Please honestly assess this applicant:

	No basis for judgment	Below average	Average	Good	Excellent (top 10%)	Truly outstanding (top 2 or 3%)
Extracurricular Activity						
Athletic Ability						
Relative Maturity						
Composite Rating						

Printed Name _____ Position_____

May we contact you? ❑ No ❑ Yes, Telephone _____

E-mail _____

Signature of writer _____ Date _____

We admit qualified students of any race, color, disability, religious affiliation, national and ethnic origin, and sexual orientation to all rights, privileges, programs, and activities generally accorded or made available to students at our school. We do not discriminate in violation of any law or statute in the administration of our educational policies, admissions policies, scholarship and loan program, and athletic or other school-administered programs.

501 Cambridge Street, San Francisco, CA 94134 USA
TEL 415-585-5183 FAX 415-469-9600
WEB SITE www.cornerstone-academy.net

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The Admissions Office
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