



St. John of San Francisco Orthodox Academy

6210 Geary Blvd., San Francisco, CA, 94121

Phone 415-221-3484 Fax 415-386-4368

www.stjohnsacademysf.org

Application for Admission

Student's Name _____
Last Middle First Nickname

Applying for Grade _____ in 20 _____ Present Age _____ Date of Birth _____

Place of Birth _____ Male _____ Female _____

Current school of Applicant _____ Grade _____

School address and phone _____

FATHER'S full name and information:

MOTHER'S full name and information:

Address _____

Phone _____

Religion _____

Business Phone and Address

With whom is the applicant living? _____

Who is legal guardian? _____

Student's Religion _____

Date Baptized _____

Baptized by whom? _____

Where? _____

Church attended by family _____

Priest _____

Primary language _____

Other Languages _____

Name of person financially responsible _____

Personal Data: Please describe why you are interested in this school and what you expect from it for your child.

Signature of guardian _____ Date _____

Please ask your school to forward all academic records/transcripts to St. John's Academy. Please send this application form and the application fee of \$ 75.00 to:

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