



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

St. John of San Francisco Orthodox Academy is an English speaking college-preparatory school serving the Orthodox community and based at the Russian Orthodox Holy Virgin Cathedral. Home stay accommodation is available for students from outside the Bay Area.

The fees for home stay students include accommodation and meals, tuition, excursions, books, visa processing costs, and laundry. Fees do not cover airfare, personal spending money, and health insurance. The Academy can provide information about health insurance from a U.S. provider (at extra cost); please indicate on the form below if you require this.

All-inclusive home stay fees: \$ 20,000

APPLICATION PROCEDURE

- ❖ *Please complete and sign the application and the permission form below , and mail them with the application fee of \$ 75 to the St. John of San Francisco Office.*
- ❖ *Arrange for your academic records to be sent directly to St. John's.*
- ❖ *Ask a teacher in a subject area of your choice to complete the teacher recommendation form; the teacher should mail this directly to St. John's.*
- ❖ *Ask your priest to write a letter of recommendation to be sent directly to St. John's.*

PAYMENT

Upon receipt of all application documentation, confirmation of a student's acceptance to the program will be dispatched. At that time a non-refundable deposit of \$500 will be due, which will be credited to the student's account. Checks are payable to St. John of S.F. Orthodox Academy.

The Academy reserves the right to dismiss at any time a student whose conduct indicates that he or she is consistently out of sympathy with the ideals and objectives of Academy.

(please detach and return with application)

-----✂-----✂-----✂-----

I certify that this student is physically able to participate in all school activities:

Date _____ Signature of Parent/Guardian _____

Date _____ Signature of Agent acting for Student _____

Student's Name

(first) (middle) (last)

Please send me information about Health insurance

Parent/Guardian's Name
