



**APPLICANT – FILING STATUS**

1. First time applying to High School of the Arts?  Yes  No (If **no**, fill in the applicant’s grade and year of application)

Grade: \_\_\_\_\_ Year: \_\_\_\_\_ Semester:  Fall  Spring

2. Entering...

Grade: \_\_\_\_\_ Year: \_\_\_\_\_ Semester:  Fall  Spring

3. Arts Program of Interest:  Dance  Visual Arts  Music

Any experience/training in the Arts?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How can High School of the Arts best help you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is there a sibling(s) who is currently attending High School of the Arts? (If **yes**, please print his/her full name)

\_\_\_\_\_

6. Are any of the sibling(s) alumni of High School of the Arts? (Name and Year)

\_\_\_\_\_

**APPLICANT – PERSONAL INFORMATION**

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
PREFERRED NAME

\_\_\_\_\_  
DATE OF BIRTH

Gender:  MALE  FEMALE

\_\_\_\_\_  
PRIMARY LANGUAGE SPOKEN AT HOME

\_\_\_\_\_  
OTHER LANGUAGE(S)

\_\_\_\_\_  
EMAIL ADDRESS



**APPLICANT – EDUCATIONAL BACKGROUND**

1. CURRENT SCHOOL

School Type (check all that apply):  PUBLIC  PRIVATE  PAROCHIAL  CHARTER  BOARDING  HOME SCHOOL

SCHOOL NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ Dates Attended:      /      /       
FROM (MM/YY) TO (MM/YY)

CITY \_\_\_\_\_ STATE/COUNTRY \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

SCHOOL DIRECTOR/PRINCIPAL \_\_\_\_\_ GUIDANCE COUNSELOR \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

2. FORMER SCHOOL

School Type (check all that apply):  PUBLIC  PRIVATE  PAROCHIAL  CHARTER  BOARDING  HOME SCHOOL

SCHOOL NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ Dates Attended:      /      /       
FROM (MM/YY) TO (MM/YY)

CITY \_\_\_\_\_ STATE/COUNTRY \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

3. FORMER SCHOOL

School Type (check all that apply):  PUBLIC  PRIVATE  PAROCHIAL  CHARTER  BOARDING  HOME SCHOOL

SCHOOL NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ Dates Attended:      /      /       
FROM (MM/YY) TO (MM/YY)

CITY \_\_\_\_\_ STATE/COUNTRY \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

**NOTICE OF NON-DISCRIMINATION**

San Francisco High School of the Arts admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.



**APPLICANT – FAMILY INFORMATION**

1. PARENT INFORMATION

Relationship To Applicant:  FATHER  MOTHER  STEPPARENT

Check Preferred Prefix:  MS.  MRS.  MR.  DR.

\_\_\_\_\_  
LAST FIRST MIDDLE

\_\_\_\_\_  
EMPLOYER OCCUPATION/TITLE

\_\_\_\_\_  
LAST COLLEGE/UNIVERSITY ATTENDED: NAME & DEGREE EARNED (If applicable ) DATE / /

\_\_\_\_\_  
HOME NUMBER CELLULAR NUMBER WORK NUMBER

\_\_\_\_\_  
HOME ADDRESS: NUMBER & STREET E-MAIL ADDRESS (REQUIRED)

\_\_\_\_\_  
APT NO. CITY STATE ZIP/POSTAL CODE

2. PARENT INFORMATION

Relationship To Applicant:  FATHER  MOTHER  STEPPARENT

Check Preferred Prefix:  MS.  MRS.  MR.  DR.

\_\_\_\_\_  
LAST FIRST MIDDLE

\_\_\_\_\_  
EMPLOYER OCCUPATION/TITLE

\_\_\_\_\_  
LAST COLLEGE/UNIVERSITY ATTENDED: NAME & DEGREE EARNED ( If applicable ) DATE / /

\_\_\_\_\_  
HOME NUMBER CELLULAR NUMBER WORK NUMBER

\_\_\_\_\_  
E-MAIL ADDRESS (REQUIRED)

Same home address as parent #1?  YES  NO (If no, please fill in the space below )

\_\_\_\_\_  
HOME ADDRESS: NUMBER & STREET

\_\_\_\_\_  
APT NO. CITY STATE ZIP/POSTAL CODE

