



MIDDLE SCHOOL APPLICATION - INTERNATIONAL STUDENT

The mission of San Francisco High School of the Arts is to provide students with an exceptional education in traditional arts and academics, while focusing on character development. The curriculum nurtures in students universal values and a sense of civic duty so they may positively contribute to the world.

PORTFOLIOS/AUDITIONS and FAMILY INTERVIEWS may be scheduled separately upon completion and submission of this application.

TRANSCRIPTS and TEACHER RECOMMENDATIONS are required and must be received by the deadline date.

Please see **APPLICATION PROCEDURES CHECKLIST** on the Admissions web pages for further information, forms and deadline dates.

APPLICANT FILING INFORMATION

1. Applicant's Entering Grade: _____ Entering Year: _____ Semester: Fall Spring

2. Arts Program of Interest:

First Choice Dance Visual Arts (media arts, fashion design, fine arts) Music Theater

Second Choice Dance Visual Arts (media arts, fashion design, fine arts) Music Theater

3. List your experience/training in the Arts indicated above.

4. Sibling(s) currently attending High School of the Arts? Yes No

If yes, please provide full name(s)/grade(s).

5. Is the applicant related to any alumni of High School of the Arts? Yes No

If yes, please print his/her full name, year graduated, and relationship to the applicant.



APPLICANT PERSONAL INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

PREFERRED NAME DATE OF BIRTH (MM/DD/YYYY)

Gender: MALE FEMALE

PRIMARY LANGUAGE SPOKEN AT HOME OTHER LANGUAGE(S)

APPLICANT EDUCATIONAL BACKGROUND

1. CURRENT SCHOOL

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

SCHOOL NAME

STREET ADDRESS

CITY/PROVINCE/STATE COUNTRY POSTAL CODE

SCHOOL DIRECTOR/PRINCIPAL NAME COUNSELOR NAME

TELEPHONE NUMBER FAX NUMBER

Dates Attended: FROM ___/___ (MM/YYYY) TO ___/___ (MM/YYYY)

2. FORMER SCHOOL (If applicable)

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



SCHOOL NAME

STREET ADDRESS

CITY/PROVINCE/STATE

COUNTRY

POSTAL CODE

TELEPHONE NUMBER

FAX NUMBER

Dates Attended: FROM ___/___ (MM/YYYY) TO ___/___ (MM/YYYY)

TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL - JR) JUNIOR SCORES

Date TOEFL - JR was taken: _____ Score: _____

Did the applicant submit a **Testing Accommodations Request Form for Test Takers With Disabilities or Health-related Needs** for the TOEFL? Yes No

If yes, please attach disability documentation or completed **Certification of Eligibility (COE): Accommodations History Form** with this application.

FAMILY INFORMATION

HOUSEHOLD 1

PARENT 1 INFORMATION

Relationship To Applicant: FATHER MOTHER STEPPARENT

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



LAST NAME FIRST NAME MIDDLE NAME

EMPLOYER OCCUPATION/TITLE

LAST COLLEGE/UNIVERSITY ATTENDED

NAME & DEGREE EARNED (If applicable) DATE (MM/YYYY)

HOME NUMBER CELLULAR NUMBER WORK NUMBER

E-MAIL ADDRESS (REQUIRED)

Do you wish to receive email communications from HSArts? Yes No

HOME ADDRESS: NUMBER & STREET APT NO.

CITY/PROVINCE/STATE COUNTRY POSTAL CODE

PARENT 2 INFORMATION

Relationship To Applicant: FATHER MOTHER STEPPARENT

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

LAST NAME FIRST NAME MIDDLE NAME

EMPLOYER OCCUPATION/TITLE

LAST COLLEGE/UNIVERSITY ATTENDED

NAME & DEGREE EARNED (If applicable) DATE (MM/YYYY)



HOME NUMBER

CELLULAR NUMBER

WORK NUMBER

E-MAIL ADDRESS (REQUIRED)

Do you wish to receive email communications from HSArts? Yes No

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

HOME ADDRESS: NUMBER & STREET

APT NO.

CITY/PROVINCE/STATE

COUNTRY

POSTAL CODE

HOUSEHOLD 2 (If applicable)

PARENT 1 INFORMATION

Relationship To Applicant: FATHER MOTHER STEPPARENT

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

LAST NAME

FIRST NAME

MIDDLE NAME

EMPLOYER

OCCUPATION/TITLE

LAST COLLEGE/UNIVERSITY ATTENDED

NAME & DEGREE EARNED (If applicable)

DATE (MM/YYYY)

HOME NUMBER

CELLULAR NUMBER

WORK NUMBER

E-MAIL ADDRESS (REQUIRED)

Do you wish to receive email communications from HSArts? Yes No



HOME ADDRESS: NUMBER & STREET

APT NO.

CITY/PROVINCE/STATE

COUNTRY

POSTAL CODE

PARENT 2 INFORMATION

Relationship To Applicant: FATHER MOTHER STEPPARENT

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

LAST NAME

FIRST NAME

MIDDLE NAME

EMPLOYER

OCCUPATION/TITLE

LAST COLLEGE/UNIVERSITY ATTENDED

NAME & DEGREE EARNED (If applicable)

DATE (MM/YYYY)

HOME NUMBER

CELLULAR NUMBER

WORK NUMBER

E-MAIL ADDRESS (REQUIRED)

Do you wish to receive email communications from HSArts? Yes No

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

HOME ADDRESS: NUMBER & STREET

APT NO.

CITY/PROVINCE/STATE

COUNTRY

POSTAL CODE



LOCAL GUARDIAN INFORMATION

Legal Guardianship Rights: YES NO Resides with Applicant

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

LAST NAME FIRST NAME MIDDLE NAME

RELATIONSHIP TO APPLICANT

EMPLOYER OCCUPATION/TITLE

HOME NUMBER CELLULAR NUMBER WORK NUMBER

E-MAIL ADDRESS (REQUIRED)

Do you wish to receive email communications from HSArts? Yes No

HOME ADDRESS: NUMBER & STREET APT. NO.

CITY STATE ZIP/POSTAL CODE

APPLICANT STATEMENTS

Please answer the following prompts with thoughtful responses (1-2 paragraphs each) so that we may gain a better sense of who you are, what values are important to you, and what your goals and aspirations are as you enter high school.

Your responses to these prompts will also provide us with an important writing sample that will help us better evaluate your grasp of word usage, organization of thought, and command of English grammar.



1. Why do you want to attend middle school in the United States?
2. Our school's core values are: Respect, Responsibility, Honesty, Kindness, Empathy, and Tolerance. Pick two of these values and tell why these are the most important to you.

PARENT STATEMENTS

1. What are the most important values you and your family share?
2. Explain briefly what you believe are your child's character strengths and weaknesses, goals and aspirations.

SIGNATURES

X

Name of Applicant	Applicant's Signature	DATE (MM/DD/YYYY)
	X	

Name of Parent/Guardian	Parent/Guardian Signature	DATE (MM/DD/YYYY)
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APPLICATION FEE

Please remit an application processing fee with this application by the application deadline date in the amount of \$100.00

Please select a payment method:

- Mail-In Check/Money Order*
 In-Person**
 Waived
 Payment via Phone
- I understand that the application fee is non-refundable



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.

Thank you for your application to The San Francisco High School of the Arts. We look forward to getting to know you better!