



MIDDLE SCHOOL APPLICATION

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

STATE

ZIP/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

STATE

ZIP/POSTAL CODE

TELEPHONE NUMBER

FAX NUMBER

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

ACADEMIC RESOURCES/LEARNING SUPPORT

If the applicant is receiving specialized instruction and services as indicated in a current Individualized Education Program (IEP)*, or receives accommodations as indicated in a current 504 Plan, please attach the following documentation*** with this completed application:**

- Independent Educational Evaluation (IEE) **OR**
- Psychoeducational Assessment (of intellectual and academic abilities)

AND

- CURRENT (within 12 months) IEP documentation **OR**
- CURRENT (within 12 months) 504 Plan

* IEP requires and annual review to qualify as current

** 504 Plan recommends review within 3 years, recommends annual updates

***All documentation will be regarded with the utmost confidentiality by the Office of Admissions



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

STATE

ZIP/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

STATE

ZIP/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

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 the San Francisco Middle School of the Arts?
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.

FINANCIAL ASSISTANCE

To apply for Financial Assistance at High School of the Arts, families must complete the financial aid form found at the School and Student Services (SSS) website solutionsbysss.com/parents/resources by the deadline date found on the admissions calendar.



Please note, admissions decisions are based on a holistic evaluation of a candidate’s readiness for the rigorous college-preparatory academic program in combination with pre-professional training in the visual and performing arts at the High School of the Arts. A family’s ability to pay does not influence admissions decisions.

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:

- \$50.00 (US-based student, applying before December 15)
- \$75.00 (US-based student, applying after December 15)

Please select a payment method:

- Mail-In Check/Money Order*
- In-Person**
- Waived

- I understand that the application fee is non-refundable

***Please make the check/money order payable to San Francisco High School of the Arts and mail to:**

Accounting Department
 San Francisco High School of the Arts
 1950-1970 Page Street
 San Francisco, CA, 94117

****Our front desk receptionists will assist with accepting check/money order, as well as debit/credit card payments in person.**



Address:
1950-1970 Page Street
San Francisco, CA, 94117

Please call the HSArts reception desk on (415) 431-3161 if you have any questions regarding payment.

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!