



APPLICANT – FILING STATUS

1. First time applying to Xian Yun? [] 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?

Three horizontal lines for text input.

4. How can Xian Yun Academy best help you?

Three horizontal lines for text input.

5. Is there a sibling(s) who is currently attending Xian Yun Academy? (If yes, please print his/her full name)

One horizontal line for text input.

6. Are any of the sibling(s) alumni of Xian Yun Academy? (Name and Year)

One horizontal line for text input.

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
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
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
CITY STATE/COUNTRY ZIP/POSTAL CODE

NOTICE OF NON-DISCRIMINATION

Xian Yun Academy of the Arts California 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



3. GUARDIAN INFORMATION

Legal Guardianship Rights: [] YES [] NO Check Preferred Prefix: [] MS. [] MRS. [] MR. [] DR.

RELATIONSHIP TO APPLICANT
LAST FIRST MIDDLE
EMPLOYER OCCUPATION/TITLE
HOME NUMBER CELLULAR NUMBER WORK NUMBER
HOME ADDRESS: NUMBER & STREET E-MAIL ADDRESS (REQUIRED)
APT. NO. CITY STATE ZIP/POSTAL CODE

E-mail should be sent to (check all that applies): [] PARENT 1 [] PARENT 2 [] GUARDIAN

EMERGENCY CONTACT INFORMATION (Other than parents/guardian)

1. RELATIONSHIP TO STUDENT
FULL NAME PHONE NUMBER
2. RELATIONSHIP TO STUDENT
FULL NAME PHONE NUMBER

Name of Applicant Applicant's Signature Date: (MM/DD/YYYY)

Name of Parent/Guardian Parent's/Guardian's Signature Date: (MM/DD/YYYY)