



**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?

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

4. How can Xian Yun Academy best help you?

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

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

\_\_\_\_\_

6. Are any of the sibling(s) alumni of Xian Yun Academy? (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**

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)