



PLACEMENT APPEAL PROCESS

Appeal Process

Appeals are granted on the basis of the information and/or documentation provided to the Zones of Choice (ZOC) Office. ZOC Office will also consider the school's capacity before placing students. Approved appeals are granted to **ONE SCHOOL ONLY** that can meet the student's needs and cannot be used for placement into any other ZOC school.

The outcome of an appeal is final. Once an appeal is processed, an Approval or Denial letter will be mailed with instructions/guidance.

If you have any questions regarding the Appeals Process, you may contact the ZOC Office at
(213) 241-0466.

The *School Placement Appeal* form may be downloaded from the ZOC website at <http://achieve.lausd.net/zoc>

Completed *School Placement Appeal* forms can be sent via fax or e-mail.

Fax No: (213) 241-4108

E-mail: zoc@lausd.net

Sibling Appeals

Students with a sibling or family member living in the same household who attend the Preferred ZOC School, indicated in step (9) of the *Appeal* form, may be eligible for a Sibling Appeal.

The following documents are required:

- 1) Completed and signed *School Placement Appeal* form.
- 2) A. Siblings: copies of birth certificates for BOTH students (the student applying for the appeal and the student who presently attends the Preferred ZOC School). Siblings must share at least one parent on their birth certificates.
- B. Non-siblings: If a family member attends the Preferred ZOC School and lives in the same household, you must also provide proof of address for BOTH students. The proof of address must be under the parents' name. Any of the following documents dated within 45 days are acceptable: copies of utility bills, homeowner's/renter's contract, property tax statement, letter from a social services/governmental agency.

DEADLINE: APRIL 14, 2023

Medical Appeals

Students with a medical condition can file a Medical Appeal. Problems that are common to large numbers of students—such as motion sickness or asthma—generally do not constitute a medical hardship.

Medical Appeals will be considered only for students who have a documented medical condition by a licensed physician that cannot be accommodated at the ZOC Assigned School.

If the appeal is based on a medical condition of a parent/guardian, the Medical Provider's Verification section, step (14) of the *Appeal* form, must be completed and medical provider's signature obtained.

The following documents are required:

- 1) Completed and signed *School Placement Appeal* form.
The Medical Provider's Verification section, step (14) of the *Appeal* form, requires information about the medical provider and their signature, and the student's current medical condition and special need(s). This must include specific information regarding the programs and restrictions that impact the student's ability to attend the ZOC Assigned School.
- 2) Other supporting documents deemed necessary.

DEADLINE: APRIL 14, 2023

Hardship Appeals

Parents/Guardians may file a Hardship Appeal if they can demonstrate that they have a unique hardship that cannot be met at the ZOC Assigned School. Such hardships may be the result of a unique family situation. Extenuating circumstances can be considered only for family members living in the same house as the student.

Problems that are common to a large number of families do not constitute a unique family hardship. ZOC Office will not consider appeals solely based on issues such as transportation, distance, convenience, or curricular program offered at schools.

The following documents are required:

- 1) Completed and signed *School Placement Appeal* form.
- 2) Proof of address for all parties mentioned as part of the Hardship Appeal. Any of the following documents dated within 45 days are acceptable: copies of utility bills, homeowner's/renter's contract, property tax statement, letter from a social services/governmental agency.
- 3) Other supporting documents deemed necessary.

DEADLINE: APRIL 14, 2023

Decisions made by the Zones of Choice Office are final and cannot be further appealed.



DEADLINE: FRIDAY, APRIL 14, 2023

Office of School Design Options
ZONES OF CHOICE



2023-2024 SCHOOL PLACEMENT APPEAL

<hr/>	<hr/>	<hr/>	<hr/>
(1) STUDENT'S LAST NAME	(2) FIRST NAME	(3) DATE OF BIRTH	(4) HOME ADDRESS
<hr/>	<hr/>	<hr/>	<hr/>
(5) TELEPHONE NO.	(6) CURRENT SCHOOL NAME	(7) CURRENT GRADE	(8) ZOC ASSIGNED SCHOOL NAME
<hr/>	<hr/>	<hr/>	<hr/>
(9) PREFERRED ZOC SCHOOL (No magnet or out of zone schools)			

Instructions: Select Appeal type (mark one) and provide required information in applicable fields ONLY.

<input type="checkbox"/> (10) SIBLING APPEAL: Provide information about sibling below and continue to step (15). <table style="width:100%;"> <tr> <td style="width:50%;">Sibling's Full Name (Last, First) _____</td> <td style="width:50%;">Date of Birth _____</td> </tr> <tr> <td colspan="2">School of Attendance _____</td> </tr> <tr> <td colspan="2">Sibling must attend the same Preferred ZOC School indicated in step (9) to validate transfer.</td> </tr> </table>	Sibling's Full Name (Last, First) _____	Date of Birth _____	School of Attendance _____		Sibling must attend the same Preferred ZOC School indicated in step (9) to validate transfer.		<input type="checkbox"/> (11) HARDSHIP APPEAL <p style="text-align: center;"><u>Continue to steps (13) and (15).</u></p>	<input type="checkbox"/> (12) MEDICAL APPEAL Who has the medical condition? <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <p style="text-align: center;"><u>Continue to steps (14) and (15).</u></p>
Sibling's Full Name (Last, First) _____	Date of Birth _____							
School of Attendance _____								
Sibling must attend the same Preferred ZOC School indicated in step (9) to validate transfer.								

(13) DESCRIPTION OF APPEAL. List specific reasons why a School Placement Appeal is justified. You may attach additional documents.

(14) MEDICAL PROVIDER'S VERIFICATION. Required for Medical Appeals related to student and/or parent/guardian medical condition.

Description of medical condition. _____

How will the **assigned school** exacerbate this medical condition? _____

Provide specific reason(s) on how the **preferred school** can ease the medical condition. _____

Name of Medical Provider _____ Medical Provider License No. _____ Medical Provider's Telephone No. _____

Clinic/Hospital Address _____ Medical Provider's Signature _____ Date _____

Note: Medical Provider's signature must be obtained before submitting Appeal form.

(15) PARENT/GUARDIAN VERIFICATION. *Materials submitted to the Zones of Choice office as evidence for your appeal will be reviewed carefully. If the Appeals Team believes that the information and/or materials are fraudulent, your appeal will automatically be denied.*

I, _____, verify that I have read the above paragraph and swear under penalty of perjury that all information submitted regarding my appeal is true and accurate.

Parent/Guardian Name

Parent/Guardian Signature _____ Date _____

DEADLINE: FRIDAY, APRIL 14, 2023

ZOC OFFICE USE ONLY			
Date received _____	Processed by _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reason _____