

LAUSD – Zones of Choice Office BERNSTEIN ZONE OF CHOICE

2024 - 2025 High School Application





School Use ONLY

School Name: __ Date Faxed: ___

Fax or Email completed application to:

Zones of Choice Office

(213) 241-4108 | zoc@lausd.net

Please complete <u>ALL</u> sections and <u>PRINT CLEARLY</u>. Incomplete applications may not be processed.

Last School Attended(Full school name)	School District [LAUSD Other
What state if outside of California?	What country if c	outside of USA?
Type of School	Private Public	2024 - 2025 Grade Level (check one) 9 th 10 th 11 th 12 th
		Male Female Non-binary
Last name		
Date of Birth Month Day Year Parent / Legal Guardian Name		
Homo Addross		
Street name and number, include apartmen		City Zip Code
Primary Telephone No Alternate Telephone No		
Email:		ne student a foster child?
		ne student homeless?
Does the student receive Special Education services (has an IEP)? Attach copy of IEP if coming from outside of LAUSD.		
If student has a sibling enrolled at one of the schools below, would you like them assigned at the same school? Yes No		
If yes, name of school		Grade Level
Sibling's Name	Date of B	Birth Month Day Year
SCHOOL SELECTION IN ORDER OF PREFERENCE INSTRUCTIONS: Please select schools in order of preference using numbers from 1 – 2; every option box should contain a number. EXAMPLE: #1 = first choice, #2 = second choice, etc. For additional information, visit LAUSD.ORG/ZOC and read the Bernstein Zone of Choice brochure for complete details about each of the schools.		
Option # School Name	Campus Location	Type of School
Helen Bernstein High School He	elen Bernstein Complex	Comprehensive School
STEM Academy at Helen Bernstein Complex He	elen Bernstein Complex	Pilot School
Parent / Legal Guardian Signature	 Date	
r archit / Leyar Guarulan Signature	Dale	
IMPORTANT NOTE: Once a student has been assigned to a school and received confirmation from the Zones of Choice Office, the parent / legal guardian must go to the school to complete enrollment.		