



LAUSD – Zones of Choice Office
EASTSIDE ZONE OF CHOICE
2024 – 2025 High School Application

TEL: (213) 241-0466 – WEB: [LAUSD.ORG/ZOC](https://lausd.org/zoc)



**Fax or Email completed application to: Zones of Choice Office
(213) 241-4108 | zoc@lausd.net**

Please complete **ALL** sections and **PRINT CLEARLY**. Incomplete applications may not be processed.

Last School Attended _____ <small>(Full school name)</small>		School District <input type="checkbox"/> LAUSD <input type="checkbox"/> Other _____	
What state if outside of California? _____		What country if outside of USA? _____	
Type of School (check one)	<input type="checkbox"/> Charter <input type="checkbox"/> Home Schooling <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Other _____	2024– 2025 Grade Level (check one) <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	
Student Name _____ <div style="display: flex; justify-content: space-between;">Last nameFirst name</div>		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	
Date of Birth Month _____ Day _____ Year _____		Parent / Legal Guardian Name _____	
Home Address _____ <small>Street name and number, include apartment #</small>		City _____	Zip Code _____
Primary Telephone No. _____		Alternate Telephone No. _____	
Email: _____		Is the student a foster child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Is the student homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student receive Special Education services (has an IEP)? Attach copy of IEP if coming from outside of LAUSD.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If student has a sibling enrolled at <u>one of the schools below</u> , would you like them assigned at the same school?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of school _____		Grade Level _____	
Sibling's Name _____		Date of Birth Month _____ Day _____ Year _____	

SCHOOL SELECTION IN ORDER OF PREFERENCE

INSTRUCTIONS: Please select schools in order of preference using numbers from 1 – 8; every option box should contain a number.
EXAMPLE: #1 = first choice, #2 = second choice, etc.

For additional information, visit [LAUSD.ORG/ZOC](https://lausd.org/zoc) and read the Eastside Zone of Choice brochure for complete details about each of the schools.

Option # (1 - 8)	School Name	Campus Location	Type of School
	Boyle Heights Solis High School	Boyle Heights Solis High School	Small School
	Career and Performing Arts Academy	Garfield High School	Small Learning Community
	East Los Angeles Renaissance Academy	Esteban E. Torres High School	Pilot School
	Global Studies Academy	Garfield High School	Small Learning Community
	Humanitas Academy of Art and Technology	Esteban E. Torres High School	Pilot School
	Humanitas Academy of University Bound Scholars	Garfield High School	Small Learning Community
	STEM Academy	Esteban E. Torres High School	Pilot School
	University Preparatory Program	Garfield High School	Small Learning Community

Parent / Legal Guardian Signature

Date

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.

School Use ONLY
School Name: _____
Date Faxed: _____

8/6/24