

**2025-26**LAUSD - Zones of Choice
Eastside Zone of Choice**2025-2026 High School Application**
TEL: (213) 241-0466 - WEB: LAUSD.ORG/ZOC**2025-26****Fax or Email completed application to:****Zones of Choice Office**
(213) 241-4108 | zoc@lausd.netPlease 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"/> Virtual <input type="checkbox"/> Home School <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Other _____		2025-2026 Grade Level (check one) <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th	
Student Name _____ <small>Last Name First Name</small> <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 Apartment City Zip Code</small>			
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?		Attach IEP if coming from outside LAUSD. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student have a sibling already enrolled at one of the schools below?		<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 from 1-8; every option box should contain a number**EXAMPLE:** #1 = first choice, #2 = second choice, etc.For more information about the schools, please visit LAUSD.ORG/ZOC

Rank # (1-8)	School Name	Campus Location	School Type
	Career and Performing Arts Academy	Garfield High School	Small Learning Community
	East Los Angeles Renaissance Academy	Esteban E. Torres High School	Pilot School
	Eastside High School	Hilda L. Solis Learning Complex	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: _____