



LAUSD – Zones of Choice Office  
NORTHEAST ZONE OF CHOICE

2024–2025 High School Application

TEL: (213) 241-0466 - WEB: [LAUSD.ORG/ZOC](http://LAUSD.ORG/ZOC)



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

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

Last School Attended \_\_\_\_\_ School District  LAUSD  Other \_\_\_\_\_  
(Full school name)

What state if outside of California? \_\_\_\_\_ What country if outside of USA? \_\_\_\_\_

Type of School  Charter  Home Schooling  Private  Public  Other \_\_\_\_\_ 2024-2025 Grade Level (check one)  
(check one)  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Student Name \_\_\_\_\_ Male Female Non-binary  
Last name First name

Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Parent / Legal Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street name and number, include apartment # City Zip Code

Primary Telephone No. \_\_\_\_\_ Alternate Telephone No. \_\_\_\_\_

Email: \_\_\_\_\_ Is the student a foster child? Yes No  
Is the student homeless? Yes No

Does the student receive Special Education services (has an IEP)? Attach copy of IEP if coming from outside of LAUSD. Yes No

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 Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**SCHOOL SELECTION IN ORDER OF PREFERENCE**

**INSTRUCTIONS:** Please select schools in order of preference using numbers from 1 – 3; every option box should contain a number.  
*EXAMPLE: #1 = first choice, #2 = second choice, etc.*

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

Option # (1 - 3)	School Name	Campus Location	Type of School
	Woodrow Wilson High School	Woodrow Wilson High School	Comprehensive School
	Science, Technology, Engineering, Arts and Math (STEAM)	Abraham Lincoln High School	Small Learning Community
	Voice for Medicine, Business, and Social Science Services	Abraham Lincoln 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: \_\_\_\_\_