



LAUSD – Zones of Choice Office  
**BOYLE HEIGHTS 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**

Please fill out the application **completely** and **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	2024–2025 Grade Level (check one)	
<input type="checkbox"/> Other _____		<input type="checkbox"/> 9 <sup>th</sup>	<input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup>
Student Name _____ <small>Last name First name</small>	Male	Female	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 – 2; 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 Boyle Heights Zone of Choice brochure for complete details about each of the schools.

Option # (1 - 2)	School Name	Campus Location	Type of School
	Felicitas and Gonzalo Mendez High School for College and Career Preparation	Mendez High School	Comprehensive School
	Theodore Roosevelt Senior High School	Roosevelt High School	Comprehensive School

\_\_\_\_\_  
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: \_\_\_\_\_