



LAUSD – Zones of Choice Office  
**EASTSIDE 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 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** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
Street name and number, include apartment #

**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 – 8; 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 Eastside Zone of Choice brochure for complete details about each of the schools.

Option # (1 - 8)	School Name	Campus Location	Type of 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
	Hilda Solis Learning Academy: School of Technology, Business and Education	Hilda L. Solis Learning Academy	Small School
	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: \_\_\_\_\_