



2023 – 2024 High School Application

TEL: (213) 241-0466 – WEB: <http://achieve.lausd.net/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 **2023 - 2024 Grade Level (check one)**
(check one) Other _____ 9th 10th 11th 12th

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 – 2; every option box should contain a number.
EXAMPLE: #1 = first choice, #2 = second choice, etc.

For additional information, visit <http://achieve.lausd.net/zoc> and read the Bernstein Zone of Choice brochure for complete details about each of the schools.

Option # (1 - 2)	School Name	Campus Location	Type of School
	Helen Bernstein High School	Helen Bernstein Complex	Comprehensive School
	STEM Academy at Helen Bernstein Complex	Helen Bernstein Complex	Pilot 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: _____