



LAUSD – Zones of Choice Office  
**BELMONT 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**      **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** (check one)  Charter  Home Schooling  Private  Public  Other \_\_\_\_\_

**2024– 2025 Grade Level** (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 – 16; 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 - 16)	School Name	Campus Location	Type of School
	Academic Leadership Community School	Miguel Contreras LC	Pilot School
	Academy of Educational Empowerment: School of Medicine and Law	Edward R. Roybal LC	Small Learning Community
	Academy of Social Work and Child Development: Spanish Dual Language Program	Edward R. Roybal LC	Small Learning Community
	Business and Finance Academy	Edward R. Roybal LC	Small Learning Community
	Computer Science Academy	Edward R. Roybal LC	Small Learning Community
	Dance Academy	Ramon C. Cortines School for Visual and Performing Arts	Small Learning Community
	Los Angeles School of Global Studies	Miguel Contreras LC	Small School
	Los Angeles Academy of Medical & Public Services	Belmont HS	Small Learning Community
	Media Arts Academy	Ramon C. Cortines School for Visual and Performing Arts	Small Learning Community
	Multimedia Academy of Film and Photography	Belmont HS	Small Learning Community
	Music Academy	Ramon C. Cortines School for Visual and Performing Arts	Small Learning Community
	School of Business and Tourism (BT)	Miguel Contreras LC	Pilot School
	School of Social Justice	Miguel Contreras LC	Pilot School
	Science, Arts and Green Engineering (with the Internationals Network Academy)	Belmont HS	Small Learning Community
	Theater Academy	Ramon C. Cortines School for Visual and Performing Arts	Small Learning Community
	Visual Arts Academy	Ramon C. Cortines School for Visual and Performing Arts	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: \_\_\_\_\_