



LAUSD – Zones of Choice Office
SAN FERNANDO AREA MS ZONE OF CHOICE
2024 - 2025 MIDDLE SCHOOL APPLICATION



TEL: (213) 241-0466

WEB: 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 _____ <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"/> 6th	<input type="checkbox"/> 7th <input type="checkbox"/> 8th
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 about each school, visit LAUSD.ORG/ZOC and read the San Fernando Area MS Zone of Choice brochure.

Option # (1 – 2)	School Name	Address & Phone Number
	San Fernando Middle School	Address: 130 N BRAND BLVD, SAN FERNANDO, CA 91340 Phone: 818-837-5400
	San Fernando MS Institute of Applied Media (SFIAM)	Address: 130 N BRAND BLVD, SAN FERNANDO, CA 91340 Phone: 818-837-5455

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: _____