



LAUSD – Zones of Choice Office
NORTHEAST ZONE OF CHOICE

2019 – 2020 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 _____ <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	2019 – 2020 Grade Level (check one)	
<input type="checkbox"/> Other _____		<input type="checkbox"/> 9 th	<input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th
Student Name _____ <small>Last name First name</small>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
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. _____	
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 one of the schools below, 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 – 4; 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 Northeast Zone of Choice brochure for complete details about each of the schools.

Option # (1 - 4)	School Name	Campus Location	Type of School
	Health, Entrepreneurship, Art Resulting in Transformation (HEART)	Woodrow Wilson High School	Small Learning Community
	Science, Technology, Engineering, Arts and Math (STEAM)	Abraham Lincoln High School	Small Learning Community
	Science, Technology, Engineering, Arts, and Math Urban Planning (STEAM UP)	Woodrow Wilson High School	Small Learning Community
	Voice for Medicine, Business, and Social Science Services	Abraham Lincoln 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: _____