



LAUSD – Zones of Choice Office  
**SOUTH GATE MIDDLE SCHOOLS ZONE OF CHOICE**  
**2022 – 2023 MIDDLE 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](mailto: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 \_\_\_\_\_

2022–2023 Grade Level (check one)  
 6<sup>th</sup>  7<sup>th</sup>  8<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 – 3; every option box should contain a number.  
**EXAMPLE:** #1 = first choice, #2 = second choice, etc.

For additional information about each school, visit <http://achieve.lausd.net/zoc> and read the South Gate Middle Schools Zone of Choice brochure.

Option # (1 – 3)	School Name	Address & Phone Number
	International Studies Learning Center	Address: Legacy Complex – 5225 TWEEDY BLVD, SOUTH GATE, CA 90280 Phone: (323) 357-7521
	South Gate Middle School	Address: 4100 FIRESTONE BLVD, SOUTH GATE, CA 90280 Phone: (323) 568-4000
	Southeast Middle School	Address: 2560 TWEEDY BLVD, SOUTH GATE, CA 90280 Phone: (323) 568-3100

\_\_\_\_\_  
 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: \_\_\_\_\_