



LAUSD – Zones of Choice Office  
**NORTH VALLEY ZONE OF CHOICE**

**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  Other \_\_\_\_\_

2023 - 2024 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 – 10; every applicable 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 North Valley Zone of Choice brochure for complete details about each of the schools.

Option # (1 - 10)	School Name	Grade Levels	Campus Location	Type of School
	9 <sup>th</sup> Grade Humanitas Futures Academy	9 <sup>th</sup> Grade Only	San Fernando High School	Small Learning Community
	Academy Scientific Exploration	9 <sup>th</sup> – 12 <sup>th</sup> Grade	Cesar E. Chavez Learning Academies	Pilot School
	Academy of College and Career Readiness (ACCR)	9 <sup>th</sup> Grade Only	Sylmar Charter High School	Affiliated Charter School – Small Learning Community
	Business, Technology and Design (BTD)	10 <sup>th</sup> – 12 <sup>th</sup> Grade	Sylmar Charter High School	Affiliated Charter School – Small Learning Community
	Culinary Cohort	10 <sup>th</sup> – 12 <sup>th</sup> Grade	San Fernando High School	Small Learning Community
	Dual Language Academy	9 <sup>th</sup> - 12 <sup>th</sup> Grade	San Fernando High School	Small Learning Community
	Engineering Academy	10 <sup>th</sup> – 12 <sup>th</sup> Grade	San Fernando High School	Small Learning Community
	Health Occupations Academy	10 <sup>th</sup> – 12 <sup>th</sup> Grade	San Fernando High School	Small Learning Community
	Leadership, Arts and Media Academy (LAMA)	10 <sup>th</sup> – 12 <sup>th</sup> Grade	Sylmar Charter High School	Affiliated Charter School – Small Learning Community
	Puente	9 <sup>th</sup> - 12 <sup>th</sup> Grade	San Fernando High School	Small Learning Community
	Social Justice Humanitas Academy	9 <sup>th</sup> – 12 <sup>th</sup> Grade	Cesar E. Chavez Learning Academies	Pilot School
	Technology Preparatory Academy	9 <sup>th</sup> – 12 <sup>th</sup> Grade	Cesar E. Chavez Learning Academies	Small 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: \_\_\_\_\_