



2025-26

LAUSD - Zones of Choice
Belmont Zone of Choice2025-2026 High School Application
TEL: (213) 241-0466 - WEB: LAUSD.ORG/ZOC

2025-26



Fax or Email completed application to:

Zones of Choice Office

(213) 241-4108 | zoc@lausd.netPlease 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"/> Virtual <input type="checkbox"/> Home School <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Other _____		2025-2026 Grade Level (check one) <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th	
Student Name _____ <div style="display: flex; justify-content: space-between;"><small>Last Name</small><small>First Name</small></div>			
Date of Birth Month ____ Day ____ Year ____		Parent / Legal Guardian Name _____	
Home Address _____ <div style="display: flex; justify-content: space-between;"><small>Street name and number</small><small>Apartment</small><small>City</small><small>Zip Code</small></div>			
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? _____		Attach IEP if coming from outside LAUSD. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student have a sibling already enrolled at one of the schools below? _____		<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 from 1-16; every option box should contain a number**EXAMPLE:** #1 = first choice, #2 = second choice, etc.For more information about the schools, please visit LAUSD.ORG/ZOC

Rank # (1-16)	School Name	Campus Location	School Type
	Academic Leadership Community School	Miguel Contreras LC	Small School
	Academy of Educational Empowerment: School of Medicine and Law	Roybal LC	Small Learning Community
	Academy of Social Work and Child Development Program	Roybal LC	Small Learning Community
	Business Activism Management (Art and Business Entrepreneurship)	Roybal LC	Small Learning Community
	Computer Science Academy	Roybal LC	Small Learning Community
	Dance Academy	Ramon C. Cortines School for Visual and Performing Arts	Small Learning Community
	Los Angeles Academy of Medical & Public Services	Belmont HS	Small Learning Community
	Los Angeles School of Global Studies	Miguel Contreras LC	Small School
	Media Arts Academy	Ramon C. Cortines School for Visual and Performing Arts	Small Learning Community
	Multimedia Academy of Film & 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: _____