	2025-26	Boyle Heights	nes of Choice Zone of Choice School Applicatior WEB: <u>LAUSD.ORG/</u>		5-26		
	Fax or Email completed application to:		Zones of Choice Office (213) 241-4108 zoc@lausd.net				
Please complete <u>ALL</u> sections and <u>PRINT CLEARLY</u> . Incomplete applications may not be processed.							
Last School Attended			School District	🗆 LAUSD 🔲 (Other		
What state i	outside of California?	What country if	outside of USA?				
Type of School Charter Virtual Home School Privation (check one) 0ther 0ther				□9th □10th	ade Level (check one) □ 11th □ 12th		
Student Nan	Last Name		First Name	🗆 Male 🔲	Female 🛛 Non-binary		
	e of Birth Month Day Year Parent / Legal Guardian Name						
	2		U				
Home Address Street name and number			Apartment	City	Zip Code		
Primary Tele	Primary Telephone No		_ Alternate Telephone No				
			Is the	student a foster child? student homeless?	Yes No		
Does the student receive Special Education services?			•				
	Does the student have a sibling already enrolled at one of the schools below? If yes, name of school If yes, name of school Grade Level						
Sibling's Name				f Birth Month	_ Day Year		

SCHOOL SELECTION IN ORDER OF PREFERENCE

INSTRUCTIONS: Please select schools in order of preference from 1-2; every option box should contain a number

EXAMPLE: #1 = first choice, #2 = second choice.

For more information about the schools, please visit LAUSD.ORG/ZOC

Rank # (1-2)	School Name	Campus Location	School Type
	Felicitas and Gonzalo Mendez High School for College and Career Preparation	Mendez High School	Comprehensive School
	Theodore Roosevelt Senior High School	Roosevelt High School	Comprehensive 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: _____