

2025-26

LAUSD - Zones of Choice Eastside Zone of Choice 2025-2026 High School Application

TEL: (213) 241-0466 - WEB: <u>LAUSD.ORG/ZOC</u>

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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 Distric	t □ LAUSD □ Ot	her
What state if outside of California? What country if outside of USA?			
Type of School ☐ Charter ☐ Virtual ☐ Home School ☐ Check one) ☐ Other			l e Level (check one) □ 11th □ 12th
Student Name	First Name	_ □ Male □ Fe	emale 🗆 Non-binary
Date of Birth Month Day Year Parent / Legal Guardian Name			
Home AddressStreet name and number	Apartment	City	Zip Code
Primary Telephone No.	one No Alternate Telephone No		
Email: Is the student a foster child? Yes No			
Sibling's Name	Date	of Birth Month	Day Year

SCHOOL SELECTION IN ORDER OF PREFERENCE

INSTRUCTIONS: Please select schools in order of preference from 1-8; 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 # (1-8)	School Name	Campus Location	School Type
	Boyle Heights Hilda Solis High School	Boyle Heights Solis High School	Small School
	Career and Performing Arts Academy	Garfield High School	Small Learning Community
	East Los Angeles Renaissance Academy	Esteban E. Torres High School	Pilot School
	Global Studies Academy	Garfield High School	Small Learning Community
	Humanitas Academy of Art and Technology	Esteban E. Torres High School	Pilot School
	Humanitas Academy of University Bound Scholars	Garfield High School	Small Learning Community
	STEM Academy	Esteban E. Torres High School	Pilot School
	University Preparatory Program	Garfield High School	Small Learning Community

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.

Parent/Legal Guardian Signature

School Us	e ONLY
School Name:	
Date Faxed:	

Date