

2025-26

LAUSD - Zones of Choice Northeast Zone of Choice 2025-2026 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.net

Please complete **ALL** sections and **PRINT CLEARLY**. Incomplete applications may not be processed.

Last School Attended	_ School Distric	t 🗆 LAUSD 🗀 O	ther
What state if outside of California?	_ What country if outside of USA?		
Type of School ☐ Charter ☐ Virtual ☐ Home School ☐ Check one) ☐ Other			de Level (check one) □ 11th □ 12th
Student Name			emale \square Non-binary
Date of Birth Month Day Year	•		
Home Address Street name and number Primary Telephone No	Apartment Alternate Tele	ephone No.	Zip Code
Email: Does the student receive Special Education services? Does the student have a sibling already enrolled at one of school	Is th Is th Attach IEP if coming f e of the schools b e	ne student a foster child? ne student homeless? rom outside LAUSD. elow?	
Sibling's Name		!	Day Year

SCHOOL SELECTION IN ORDER OF PREFERENCE

INSTRUCTIONS: Please select schools in order of preference from 1-3; 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 # (1-3)	School Name	Campus Location	School Type
	Science, Technology, Engineering, Arts and Math (STEAM)	Abraham Lincoln High School	Small Learning Community
	Voice for Medicine, Business, and Social Science Services	Abraham Lincoln High School	Small Learning Community
	Woodrow Wilson High School	Woodrow Wilson 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:		