	South Gate Are 2025-26 2025-2026 Midd TEL: (213) 241-0466	Zones of Choice ea MS Zone of Choice Ile School Applicatio 5 - WEB: <u>LAUSD.ORG/7</u>	<u>20C</u>
	Fax or Email completed application to:		s of Choice Office ************************************
	Please complete <u>ALL</u> sections and <u>PRINT CLEA</u>	<b>ARLY</b> . Incomplete applica	ations may not be processed.
Last School A	Attended	School District	🗆 LAUSD 🛛 Other
Last School Attended       Scho         (Full school name)       What state if outside of California?		What country if	outside of USA?
Type of Sch (check one)	<b>ool</b> Charter 🗌 Virtual 🗌 Home School 🗌 Other		<b>2025-2026 Grade Level</b> (check one) ☐ 6th ☐ 7th ☐ 8th
Student Nar	<b>Ne</b> Last Name	First Name	🗆 Male 🛛 Female 🗌 Non-binary
Date of Birth Month Day Year Pa		Parent / Legal Gua	rdian Name
Home Addre	ss		
Home Address		Apartment Alternate Telep	City Zip Code
Email:			
Email:		Is the s Is the s	student a foster child?
Does the stu	dent receive Special Education services?	Is the s Attach IEP if coming from	student homeless?
Does the stu Does the stu		Is the s Attach IEP if coming from The of the schools belo	student homeless?

## **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	Address & Phone Number
	International Studies Learning Center	Address: 5220 TWEEDY BLVD, SOUTH GATE CA, 90280 Phone: (323) 763-4500
	South Gate Middle School	Address: 4100 FIRESTONE BLVD, SOUTH GATE CA 90280 Phone: (323) 568-4000
	Southeast Middle School	Address: 2560 TWEEDY BLVD, SOUTH GATE CA 90280 Phone: (323) 568-3100

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: \_\_\_\_\_