



Strategic Enrollment and Program Planning Office
ZONES OF CHOICE



2025-26 SCHOOL ASSIGNMENT APPEAL
DEADLINE: FRIDAY, APRIL 11, 2025

STUDENT'S LAST NAME	FIRST NAME	DATE OF BIRTH	HOME ADDRESS	APARTMENT #

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PHONE NUMBER	CURRENT SCHOOL	CURRENT GRADE	ZOC ASSIGNED SCHOOL	PREFERRED ZOC SCHOOL (No magnet or out of Zone schools)

Instructions: Select Appeal type (mark one) and provide required information.

<input type="checkbox"/> SIBLING APPEAL	<input type="checkbox"/> HARDSHIP APPEAL	<input type="checkbox"/> MEDICAL APPEAL
Sibling's Full Name (Last, First): _____ Sibling's Date of Birth: _____		
*Sibling must attend the same preferred ZOC school indicated above during the same school year.		

DESCRIPTION OF APPEAL: List specific reasons why you are requesting a School Assignment Appeal. You may attach additional documents.

PARENT/GUARDIAN VERIFICATION: <i>Materials submitted to the Zones of Choice office as evidence for your appeal will be reviewed carefully.</i>
I, _____, verify that I have read the above paragraph and agree that all information submitted regarding my appeal is true and accurate.
Print Parent/Guardian Name
Parent/Guardian Signature: _____ Date: _____

ZOC OFFICE USE ONLY	
Date Received: _____	Processed By: _____
<input type="checkbox"/> Approved	Reason: _____
<input type="checkbox"/> Denied	_____

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APPEAL GUIDELINES

Appeal Process

Appeals are granted on the basis of the information and/or documentation provided to the Zones of Choice (ZOC) office. ZOC office will also consider the school's capacity before placing students. Approved appeals are granted for **ONLY ONE SCHOOL** that can meet the student's needs and cannot be used for placement into any other ZOC school.

The outcome of an appeal is final. Once an appeal is processed, an Approval or Denial letter will be mailed with instructions/guidance within 4-6 weeks.

If you have any questions regarding the appeal process, you may contact the ZOC office at (213) 241-0466.

Completed *School Assignment Appeal* forms can be sent via fax or email.

Fax No: (213) 241-4108 OR Email: zoc@lausd.net

Sibling Appeals

Students with a sibling or family member living in the same household who attend the same preferred ZOC school, indicated on the Appeal form, may be eligible for a Sibling Appeal.

Medical Appeals

Students with a medical condition can file a medical appeal. Problems that are common to large numbers of students - such as motion sickness or asthma - generally do not constitute a medical hardship.

Medical appeals will be considered only for students who have a documented medical condition by a licensed physician that cannot be accommodated at the ZOC Assigned School.

Hardship Appeals

Parents/Guardians may file a hardship appeal if they can demonstrate that they have a unique hardship that cannot be met at the ZOC Assigned School. Such hardships may be the result of a unique family situation. Extenuating circumstances can be considered only for family members living in the same household as the student.

Problems that are common to large number of families do not constitute a unique family hardship.

Decisions by the Zones of Choice office are final and cannot be further appealed.

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