

2020-2021 CHOICES LATE APPLICATION

THIS APPLICATION MAY ONLY BE SUBMITTED FOR THE 2020-2021 SCHOOL YEAR.

You may apply online at GoTo.LAUSD.Net or by completing this application. Late applications are processed in the order received.

I. STUDENT INFORMATION - PLEASE COMPLETE THE INFORMATION BELOW:

1. STUDENT'S LAST NAME	STUDENT'S FIRST NAME	MI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
2. STUDENT'S ADDRESS - NUMBER AND STREET (P.O. BOXES ARE NOT ACCEPTED)	APARTMENT NO.	4. GRADE THIS SCHOOL YEAR 2019-2020	5. GRADE NEXT SCHOOL YEAR 2020-2021
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. CITY	ZIP CODE	6. STUDENT'S GENDER	
<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	
7. SCHOOL NOW ATTENDING	Has your child ever been enrolled in an LAUSD school? <input type="radio"/> Yes <input type="radio"/> No		
<input type="text"/>			
8. STUDENT'S BIRTHDATE	9. PRIMARY PHONE NUMBER	10. SECONDARY PHONE NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
MONTH DAY YEAR	AREA CODE	AREA CODE	
11. PARENT/LEGAL GUARDIAN'S LAST NAME	PARENT/LEGAL GUARDIAN'S FIRST NAME		MI
<input type="text"/>	<input type="text"/>		<input type="text"/>
12. PARENT/LEGAL GUARDIAN'S EMAIL ADDRESS			
<input type="text"/>			

We may use the email address you provide to inform you of the status of your child's application.

II. STUDENT'S ETHNICITY/RACE - FILL IN ONLY ONE

- American Indian/Alaskan Native African American/Black White
 Asian Hispanic/Latino Native Hawaiian/Pacific Islander

You may fill in "Multi-racial/Multi-ethnic"; however, by Court Order, you **MUST** also bubble ONE federally identified ethnicity/race category to the left for the purpose of Magnet/PWT selection. **A Magnet or PWT application will not be processed unless an ethnicity/race is also indicated.**



III. PROGRAM OPTIONS - SELECT FROM THE PROGRAM(S) BELOW:

A. MAGNET PROGRAMS - TRANSPORTATION MAY BE PROVIDED (SEE PAGES 17-40)

This option allows you to select a Magnet program. Print the school code and full name of the selected school. If applying to a Gifted/Highly Gifted Magnet, please see eligibility criteria on pages 6-7.

SCHOOL CODE MAGNET SCHOOL YOU ARE REQUESTING (PLEASE PRINT SCHOOL NAME EXACTLY AS IT APPEARS ON PAGES 17-40)

B. DUAL LANGUAGE EDUCATION PROGRAMS - TRANSPORTATION IS NOT PROVIDED (SEE PAGES 43-54)

This option allows you to select a Dual Language Education Program. Print the school code and full name of the selected school.

SCHOOL CODE DUAL LANGUAGE SCHOOL YOU ARE REQUESTING (PLEASE PRINT SCHOOL NAME EXACTLY AS IT APPEARS ON PAGES 43-54)

YOUR RESPONSES TO THE QUESTIONS BELOW WILL HELP DETERMINE PROGRAM ELIGIBILITY. DURING THE ENROLLMENT PROCESS AT THE SCHOOL SITE, ANY FUTURE CHANGES REGARDING THE LANGUAGES SPOKEN MAY IMPACT YOUR CHILD'S PLACEMENT IN THE PROGRAM.

WHAT LANGUAGE(S) ARE SPOKEN IN THE HOME?

- ARABIC ARMENIAN FRENCH KOREAN MANDARIN SPANISH ENGLISH OTHER

WHAT LANGUAGE(S) DOES YOUR CHILD SPEAK?

- ARABIC ARMENIAN FRENCH KOREAN MANDARIN SPANISH ENGLISH OTHER

C. SCHOOLS FOR ADVANCED STUDIES (SAS) - TRANSPORTATION IS NOT PROVIDED (SEE PAGES 55-64)

This option allows you to select a Schools for Advanced Studies site. Print the school code and full name of the selected school. Before applying, please make sure your child meets the eligibility criteria on pages 6-7.

SCHOOL CODE SCHOOLS FOR ADVANCED STUDIES SITE YOU ARE REQUESTING (PLEASE PRINT SCHOOL NAME EXACTLY AS IT APPEARS ON PAGES 55-64)

D. ADMISSION CRITERIA SCHOOLS - TRANSPORTATION IS NOT PROVIDED (SEE PAGES 65-66)

This option allows you to select an Admission Criteria School. Print the school code and full name of the selected school. Before applying, please make sure your child meets the school's application criteria.

SCHOOL CODE ADMISSION CRITERIA SCHOOL YOU ARE REQUESTING (PLEASE PRINT SCHOOL NAME EXACTLY AS IT APPEARS ON PAGES 65-66)

E. AFFILIATED CHARTER SCHOOLS - TRANSPORTATION IS NOT PROVIDED (SEE PAGES 67-70)

This option allows you to select an Affiliated Charter School. Print the school code and full name of the selected school.

SCHOOL CODE AFFILIATED CHARTER SCHOOL YOU ARE REQUESTING (PLEASE PRINT SCHOOL NAME EXACTLY AS IT APPEARS ON PAGES 67-70)

IV. SIBLING INFORMATION

If the above applicant has siblings currently enrolled in a program for which he/she is applying and the sibling will be continuing next year, please complete the sibling's information below.

SIBLING'S LAST NAME	SIBLING'S FIRST NAME	MI	SIBLING'S BIRTHDATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			MONTH DAY YEAR

If multiple-birth siblings are applying to the same program, please list them here.

TWIN'S FIRST NAME	MI	TRIPLET'S FIRST NAME	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

V. INFORMATION SHARING

If your child is placed on a waiting list, do you want his/her name shared with other schools that may have space available? See information on page 5. YES NO

VI. SIGNATURE

79221

000000

For the student to be eligible for selection or assignment, all information must be complete and accurate. The application must be signed in black or blue ink. Falsification of information will result in an application not being processed and/or an applicant's removal from the program. It is the responsibility of the parent/legal guardian to read all application guidelines and instructions and to complete the application correctly in order to ensure accurate processing.

SIGNATURE OF PARENT OR LEGAL GUARDIAN (USE BLACK OR BLUE INK)

DATE

MONTH DAY YEAR

PRINT CLEARLY IN BLACK OR BLUE INK TO FILL OUT THE FORM

DO NOT PHOTOCOPY