Before applying to school:
• Visit spps.org/apply to confirm your Area, Community School Zone (PreK-5), and transportation availability using School Finder.
• Visit school websites to explore specific school information.
• Contact the Student Placement Center at 651-632-3760 with questions.

Applying for school:
• **Apply online at spps.org/apply.** Paper applications may also be mailed to the Student Placement Center.
• Complete a separate application for each student.
• You must list at least one school choice and may list up to two school choices.
• Please fill out the application completely.

### Pre-Kindergarten Criteria:
In addition to the Admission Priorities listed in the School Selection Guide, enrollment consideration for the Pre-K program is based on the following:
- Students who live in Saint Paul
- Students who turn four years old by September 1, 2021
- Students who are English Learners
- Students who are eligible for free or reduced-price meals (see chart below)
- Students who receive Early Childhood Special Education (ECSE) services

### Free/Reduced Lunch Guidelines:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Per Year</th>
<th>Per Month</th>
<th>Twice per Month</th>
<th>Every 2 Weeks</th>
<th>Per Week</th>
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</tbody>
</table>

For each additional household member add:
- Per Year: $8,288
- Per Month: $691
- Twice per Month: $346
- Every 2 Weeks: $319
- Per Week: $160

Pre-Kindergarten – Grade 12 Priority Application Deadline: March 5, 2021

Student Placement Center
Saint Paul Public Schools
2102 University Avenue W. Saint Paul, MN 55114
2021-2022 Application for Enrollment in Saint Paul Public Schools: PreK-Grade 12

Mail completed application to:
Student Placement Center
2102 University Avenue West, Saint Paul, MN 55114

Priority Application Deadline: March 5, 2021

1. First Choice School and Program

Name of sibling already attending this school
Birth Date

Do you believe that your child qualifies for free/reduced price lunch (see other side for criteria)?
Yes ☐ No ☐

Information you provide on this application form for Pre-Kindergarten students may be shared with Think Small, Head Start or the Minnesota Department of Education for program planning purposes. Check here if you do not want your information shared. ☐

2. Second Choice School and Program

Name of sibling already attending this school
Birth Date

READ AND SIGN BEFORE SUBMITTING

• I understand that I may have to provide transportation for my child by choosing to enroll in a school outside our specified area.
• I understand that by choosing to enroll in the specified program, my child will be enrolled in the requisite courses. If this changes, I understand that I MUST provide transportation or transfer my child to our community school.
• I understand that excessive tardiness or unexcused absences during the school year may result in my child being required to accept enrollment in another school within our area.

Name of student:

First ________ Middle ________ Last ________

Birth Date: ____________________________

Does your child receive special education services and/or have an IEP?
Yes ☐ No ☐

Alternate/Daycare Address (if different than home address)
This information is used for transportation purposes only. Admission priorities are based on home address only.

Pick Up Address: ____________________________ Street: ____________
Apartment #: ____________ City: ____________ State: ____________ Zip Code: ____________

Drop Off Address: ____________________________ Street: ____________
Apartment #: ____________ City: ____________ State: ____________ Zip Code: ____________

FOR OFFICE USE ONLY
Student ID: ____________ Date received: ____________

Area: ____________ CSZ: ____________

Admission Criteria: ☐ Program Check: ☐ Sibling: ☐
Age/grade check: ☐ SPFE: ☐ Twin ID: ____________

EA to K: ☐ GT: ☐ SpEd: ☐

NOTES: ____________________________

________________________________________
________________________________________

Mail completed application to:
Student Placement Center
2102 University Avenue West, Saint Paul, MN 55114

Signature of Parent/Guardian: ____________________________ Date: ____________

Region: ____________

Program Check: ☐ Sibling: ☐

Age/grade check: ☐ SPFE: ☐ Twin ID: ____________

EA to K: ☐ GT: ☐ SpEd: ☐

NOTES: ____________________________