2023-2024 Application Instructions
Pre-Kindergarten – Grade 12

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 St. Paul
• Students who turn four years old by September 1, 2023
• 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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</thead>
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<td>$25,142</td>
<td>$2,096</td>
<td>$1,048</td>
<td>$967</td>
<td>$484</td>
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</tr>
</tbody>
</table>

For each additional household member add:
$8,732 $728 $364 $336 $168

PreK-12 Priority Application Deadline: February 3, 2023
Student Placement Center - Saint Paul Public Schools, 2102 University Avenue W. St. Paul, MN 55114
2023-2024 Application for Enrollment in Saint Paul Public Schools: PreK-Grade 12

Mail completed application to:
Student Placement Center, 2102 University Avenue W. St. Paul, MN 55114

PRIORITY APPLICATION DEADLINE: FEBRUARY 3, 2023

Student’s Legal Name: ____________________________________________
First   Middle   Last

                                      □ Female                     Hispanic: □ Yes   □ American Indian   □ Asian   □ Black
                                      □ Male                     □ No   □ Pacific Islander   □ White

Birth Date: ___________________________

Applying for Grade: ________           Student’s Current or Last School Attended: __________________________

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

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. □

1. Parent/Guardian Name: ____________________________ First and Last Name
Relational to Student: ____________________________

Home Address: ____________________________________________
Street                                  Apartment #                                                   City                         State                Zip Code

Home Phone: ____________________________ Cell Phone: ____________________________ Email*: ____________________________

Is a parent/legal guardian a current SPPS employee**? □ Yes □ No
If yes, please list name of parent and work location: ____________________________ Employee ID #: ____________

2. Parent/Guardian Name: ____________________________ First and Last Name
Relational to Student: ____________________________

Home Address: ____________________________________________
Street                                  Apartment #                                                   City                         State                Zip Code

Home Phone: ____________________________ Cell Phone: ____________________________ Email: ____________________________

Is a parent/legal guardian a current SPPS employee**? □ Yes □ No
If yes, please list name of parent and work location: ____________________________ Employee ID #: ____________

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

Pick Up Contact Person: ____________________________ Pick Up Phone: ____________________________

Drop Off Address: ____________________________________________
Street                                  Apartment #                                                   City                         State                Zip Code

Drop Off Contact Person: ____________________________ Drop Off Phone: ____________________________

SCHOOL CHOICE

1st: ____________________________
First Choice School and Program
Name/birth date of sibling already attending this school

2nd: ____________________________
Second Choice School and Program
Name/birth date of sibling already attending this school

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 my area.

__________________________
Signature of Parent/Guardian                   Date

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

Pick Up Contact Person: ____________________________ Pick Up Phone: ____________________________

Drop Off Address: ____________________________________________
Street                                  Apartment #                                                   City                         State                Zip Code

Drop Off Contact Person: ____________________________ Drop Off Phone: ____________________________

FOR OFFICE USE ONLY

Student ID: ____________________________ Date received: ____________________________

Area: ____________________________ CSZ: ____________________________

Admission Criteria: □ Program Check: □ Sibling: □

Age/grade check: □ Employee: □ TwinID: ____________________________

EA to K: □ GT: □ SpEd: □

NOTES: __________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________