



2018-2019 Application for Enrollment: Grades 6-12

PLEASE FILL OUT APPLICATION COMPLETELY.

1. Student Information (additional information requested on other side →)

Student's Legal Name: _____		
First	Middle	Last
Birth Date: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Language: _____
Applying for Grade: _____	Student's Current or Last School Attended: _____	

2. Parent/Guardian Information

Parent/Guardian Name(s): _____			
<small>First and Last Name(s)</small>			
Relationship to Student: _____			
Home Address: _____			
<small>Street</small>		<small>Apartment #</small>	
_____		_____	
<small>City</small>		<small>State</small>	<small>Zip</small>
Home Phone: _____		Cell Phone: _____	
Email: _____			
<small>*This email will be used to communicate application results</small>			
Is the parent/legal guardian a member of SPFT (Teacher Bargaining Unit)**? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list name of parent and work location: _____			
<small>**Does not apply to Capitol Hill</small>			

3. School Information (indicate your first and second choice and list any program or pathway that applies)

FIRST CHOICE: _____	
Do you have a student who already attends this school and will continue there in 2018-19? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of child already attending: _____	Birth Date: _____
SECOND CHOICE: _____	
Do you have a student who already attends this school and will continue there in 2018-19? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of child already attending: _____	Birth Date: _____

4. Signature (read and sign before submitting)

<ul style="list-style-type: none"> I understand that I may have to provide transportation for my child by choosing to enroll in a school outside our specified area. I also 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. 	
_____	_____
<small>Signature of Parent/Guardian</small>	<small>Date</small>

5. Services

Does your child receive Special Education Services and/or have an IEP? Yes No

6. Reporting

Saint Paul Public Schools needs your help to maintain accurate records and comply with state law. **You are not required to fill out this form to enroll your child in school.** If you do not fill it out (or have not previously given this information), staff will assign your student to a racial/ethnic category for state reporting purposes. The information you provide below does not affect immigration status at the state or federal level, will be reported only for groups of students and will never identify individual students, will be available only to district employees or other educational agencies with a legitimate need to use it, may be provided to other agencies or individuals that provide SPPS with a release form signed by the parent/guardian or by your child once he or she reaches legal age. Individual student records are protected by the Federal Education Records and Privacy Act (FERPA), Minnesota laws, and SPPS policies.

A. What is this student's ethnicity?

(additional group data is optional and is for MCA test reporting only)

Is the student Hispanic or Latino? Yes No

- Colombian Puerto Rican
- Ecuadorian Salvadoran
- Guatemalan Spaniard/Spanish/Spanish-American
- Mexican Other _____

B. What is this student's race?

Please choose one or more (additional group data is optional and is for MCA test reporting only)

American Indian

- Cherokee Chippewa/Ojibwe
- Sioux/Dakota Other _____

White

Specify (optional): _____

Asian

- Asian Indian Hmong
- Burmese Karen
- Chinese, except Korean
- Taiwanese Vietnamese
- Filipino Other _____

Black

- African-American Kenyan
- Cameroonian Liberian
- Ethiopian-Oromo Nigerian
- Ethiopian-Other Somali
- Other _____

Native Hawaiian or Pacific Islander

Specify (optional): _____

For Office Use Only

Student ID: _____ Date received: _____

Area: _____

Twin ID: _____

Age/grade check: Program Check: Sibling: SPFT:

NOTES:

Priority Deadline

February 23, 2018

Submit this application to:

**Student Placement Center
 Saint Paul Public Schools
 2102 University Avenue W.
 Saint Paul, MN 55114**