



## 2018-2019 Application for Enrollment: Pre-Kindergarten

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: _____

Information you provide on this application form 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. 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>			

### 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"> <li>• I understand that I may have to provide transportation for my child by choosing to enroll in a school outside our specified area.</li> <li>• By signing this form, I verify and confirm that all of the information provided is true and accurate to the best of my knowledge.</li> </ul>	
_____ <small>Signature of Parent/Guardian</small>	_____ <small>Date</small>

### 5. Alternate/Daycare Address (if different than the home address)

The information provided below is for transportation purposes only. Admission priorities are based on home address only.

Pick Up Address: _____	Street	Apartment #
Pick Up Contact Person: _____	Pick Up Phone: _____	
Drop Off Address: _____	Street	Apartment #
Drop Off Contact Person: _____	Drop Off Phone: _____	

### 6. Admission Criteria

Does your child receive Early Childhood Special Education (ECSE) services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you believe that your child qualifies for free/reduced price lunch (see instruction page for criteria)? <input type="checkbox"/> Yes <input type="checkbox"/> No

### 7. 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)

- |   |   |
|---|---|
| <input type="checkbox"/> <b>American Indian</b><br><input type="radio"/> Cherokee <input type="radio"/> Chippewa/Ojibwe<br><input type="radio"/> Sioux/Dakota <input type="radio"/> Other _____   | <input type="checkbox"/> <b>White</b><br><input type="radio"/> Specify (optional): _____  |
| <input type="checkbox"/> <b>Asian</b><br><input type="radio"/> Asian Indian <input type="radio"/> Hmong<br><input type="radio"/> Burmese <input type="radio"/> Karen<br><input type="radio"/> Chinese, except<br><input type="radio"/> Korean<br><input type="radio"/> Vietnamese<br><input type="radio"/> Filipino <input type="radio"/> Other _____ | <input type="checkbox"/> <b>Black</b><br><input type="radio"/> African-American <input type="radio"/> Kenyan<br><input type="radio"/> Cameroonian <input type="radio"/> Liberian<br><input type="radio"/> Ethiopian-Oromo <input type="radio"/> Nigerian<br><input type="radio"/> Ethiopian-Other <input type="radio"/> Somali<br><input type="radio"/> Other _____ |
| <input type="checkbox"/> <b>Native Hawaiian or Pacific Islander</b><br><input type="radio"/> Specify (optional): _____  |   |

#### For Office Use Only

Student ID: \_\_\_\_\_ Date received: \_\_\_\_\_

Area: \_\_\_\_\_ CSZ: \_\_\_\_\_ Admission Criteria:

Twin ID: \_\_\_\_\_ Age/grade check:  Sibling:

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