2019-2020 Application Instructions
Pre-Kindergarten – Grade 12

Before applying to school:
• Review the 2019-20 School Selection Guide.
• Visit spps.org/apply to confirm your Area, Community School Zone (PreK-5), and transportation availability using School Finder.
• Visit schools that interest you.
• 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 submitted 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, 2019
• 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>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$22,459</td>
<td>$1,872</td>
<td>$936</td>
<td>$864</td>
<td>$432</td>
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<tr>
<td>2</td>
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<td>$1,479</td>
<td>$740</td>
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<td>4</td>
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<td>$2,268</td>
<td>$2,094</td>
<td>$1,047</td>
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<td>$5,202</td>
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For each additional household member add:

<table>
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<th>Per Year</th>
<th>Per Month</th>
<th>Twice per Month</th>
<th>Every 2 Weeks</th>
<th>Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>$7,992</td>
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<td>$333</td>
<td>$308</td>
<td>$154</td>
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</tbody>
</table>

Pre-Kindergarten – Grade 12 Priority Deadline: February 15, 2019
Apply online at spps.org/apply or submit this application to:

Student Placement Center
Saint Paul Public Schools
2102 University Avenue W. Saint Paul, MN 55114
2019-2020 Application for Enrollment in Saint Paul Public Schools: PreK-Grade 12

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

Priority Deadline: February 15, 2019

Student's Legal Name: ____________________________
First Middle Last

☐ Female ☐ Hispanic ☐ Yes ☐ No ☐ American Indian

Birth Date ☐ Male Home Language ☐ Asian ☐ Black ☐ Pacific Islander ☐ White

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. ☐

Parent/Guardian Name(s): ____________________________
First and Last Name(s)

Relationship to Student: ____________________________

Home Address: ____________________________________
Street Apartment #
City State Zip Code

Home Phone: ____________________________ Cell Phone: ____________________________

Email*: __________________________________________

*This email will be used to communicate application results

Is a parent/legal guardian a member of SPFT (Teacher Bargaining Unit)***? ☐ Yes ☐ No

If yes, please list name of parent and work location: __________________________________________

** Does not apply to Capitol Hill or Pre-Kindergarten

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 #

Pick Up Contact Person: ____________________________ Pick Up Phone: ____________________________

Drop Off Address: ____________________________
Street Apartment #

Drop Off Contact Person: ____________________________ Drop Off Phone: ____________________________

1: ____________ First Choice School & Program

If Pre-Kindergarten***: ☐ Half Day ☐ Full Day

* Refers to School Selection Guide for half day and full day sites

Name of sibling already attending this school Birth Date

2: ____________ Second Choice School & Program

If Pre-Kindergarten***: ☐ Half Day ☐ Full Day

* Refers to School Selection Guide for half day and full day sites

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 my area.

Signature of Parent/Guardian Date

For Office Use Only

Student ID: ____________ Date received: ____________

Area: ________ CSZ: ________

Admission Criteria: ☐ Program Check: ☐ Sibling: ☐

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

EA to K: ☐ GT: ☐ SpEd: ☐

NOTES: __________________________________________