



Before applying to school:

- Review the 2020-21 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, 2020
- 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

Household Size	Total Household Maximum Income				
	Per Year	Per Month	Twice per Month	Every 2 Weeks	Per Week
1	\$23,107	\$1,926	\$963	\$889	\$445
2	\$31,284	\$2,607	\$1,304	\$1,204	\$602
3	\$39,461	\$3,289	\$1,645	\$1,518	\$759
4	\$47,638	\$3,970	\$1,985	\$1,833	\$917
5	\$55,815	\$4,652	\$2,326	\$2,147	\$1,074
6	\$63,992	\$5,333	\$2,667	\$2,462	\$1,231
7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
8	\$80,346	\$6,696	\$3,348	\$3,091	\$1,546
For each additional household member add:	\$8,177	\$682	\$341	\$315	\$158

Pre-Kindergarten – Grade 12 Priority Application Deadline: February 28, 2020

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



2020-21 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 Application Deadline: February 28, 2020

Student's Legal Name: _____
First Middle Last

Birth Date: _____ Female Male
Home Language: _____ Hispanic Asian Black Pacific Islander White
 Yes No American Indian

Applying for Grade: _____ **Student's Current or Last School Attended:** _____

Does your child receive special education services and/or have an Individualized Education Plan (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 SPFE (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

_____ **Name of sibling already attending this school** _____ **Birth Date**

2: _____
Second Choice School & 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 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: _____