



# 2017-18 Application for Enrollment: Grades 6-12

Please fill out the application completely

**PRIORITY DEADLINE: February 15, 2017**

## INSTRUCTIONS

### Before applying to a school:

- Review the 2017-2018 School Selection Guide.
- Visit [apply.spps.org](http://apply.spps.org) to confirm your Area and transportation using School Finder.
- Visit schools.
- Confirm that there is bus transportation to the schools you choose, if needed.
- Contact the Student Placement Center at 651-632-3760 with questions.

### Applying for school

- Complete a separate application for each student.
- Choose up to two schools.
- Read the statement and sign the application in the Signature Section.
- **Submit the application on or before the Priority Deadline date on February 15, 2017.**

## 1. Student Information

Student's Legal Name: _____		
First	Middle	Last
Birth Date: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Language: _____
Ethnicity (check only one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino		
Race (check all that apply): <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> Pacific Islander/ Native Hawaiian <input type="checkbox"/> White		
Applying for Grade: _____		Student's Current or Last School Attended: _____

## 2. Parent/Guardian Information

Parent/Guardian Name(s): _____	
First and Last Name(s)	
Relationship to Student: _____	
Home Address: _____	
Street	Apartment #
City	State Zip
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>	

Please complete choices and signature on other side

**3. School Information** (list any program or pathway that applies)

**FIRST CHOICE:** \_\_\_\_\_

Do you have a student who already attends this school and will continue there in 2017-18?  Yes  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 2017-18?  Yes  No

If yes, name of child already attending: \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**4. Signature** (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.

**or**

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.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**For Office Use Only**

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

Area: \_\_\_\_\_

Twin ID: \_\_\_\_\_

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

NOTES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Grades 6-12  
Priority Deadline**

**February 15, 2017**

Apply online at [apply.spps.org](http://apply.spps.org)  
or

Submit this application to:

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