



2017-18 Application for Enrollment: Pre-Kindergarten

Please fill out the application completely

PRIORITY DEADLINE: February 15, 2017

INSTRUCTIONS

Before applying to a school:

- Review the 2017-18 School Selection Guide.
- Visit apply.spps.org to confirm your Area, Community School Zone, and transportation using School Finder.
- Visit schools.
- Confirm that bus transportation is available from your home or daycare 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.**

Pre-Kindergarten Criteria

In addition to the Admission Priorities, children are accepted into the Pre-K program based on the following:

- Students who live in St. Paul
- Students who are English Learners
- Students who are eligible for free or reduced-price meals
- 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	\$21,978	\$1,832	\$916	\$846	\$423
2	\$29,637	\$2,470	\$1,235	\$1,140	\$570
3	\$37,296	\$3,108	\$1,554	\$1,435	\$718
4	\$44,955	\$3,747	\$1,874	\$1,730	\$865
5	\$52,614	\$4,385	\$2,193	\$2,024	\$1,012
6	\$60,273	\$5,023	\$2,512	\$2,319	\$1,160
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
For each additional household member add:	\$7,696	\$642	\$321	\$296	\$148

1. Student Information

Student's Legal Name: _____
First Middle Last

Birth Date: _____ **Gender:** Male Female **Home Language:** _____

Ethnicity (check only one): Hispanic or Latino Non-Hispanic or Latino

Race (check all that apply): American Indian/Alaskan Native Asian African American/Black Pacific Islander/Native Hawaiian White

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): _____
First and Last Name(s)

Relationship to Student: _____

Home Address: _____
Street Apartment #

_____ City State Zip

Home Phone: _____ **Cell Phone:** _____

Email: _____

*This email will be used to communicate application results

Please complete choices and signature on other side

3. School Information (list any program or pathway that applies and indicate Full Day if appropriate)

FIRST CHOICE: _____	
Do you have a student who already attends this school and will continue there in 2017-18? <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 2017-18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of child already attending: _____	Birth Date: _____

4. 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: _____

5. 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 front page for criteria)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. 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 if I change programs.	
_____	_____
Signature of Parent/Guardian	Date

For Office Use Only

Student ID: _____ Date received: _____

Area: _____ CSZ: _____

Twin ID: _____

Age/grade check: Admission Criteria: Sibling:

NOTES:

**Pre-Kindergarten
Priority Deadline**

February 15, 2017

Apply online at apply.spps.org
or
Submit this application to:

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