



2024-2025 Application Instructions

Pre-Kindergarten – Grade 12

Before applying to school:

- Visit spps.org/apply to confirm your Area, Community School Zone (PreK-5), and transportation availability using School Finder.
- Visit school websites to explore specific school information.
- 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 mailed 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 St. Paul
- Students who turn four years old by September 1, 2024
- 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	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
For each additional household member add:	\$9,509	\$793	\$397	\$366	\$183

PreK-12 Priority Application Deadline: February 9, 2024

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



2024-2025 Application for Enrollment in Saint Paul Public Schools: PreK-Grade 12

Mail completed application to:
Student Placement Center, 2102 University Avenue W. St. Paul, MN 55114

PRIORITY APPLICATION DEADLINE: FEBRUARY 9, 2024

Student's Legal Name: _____
First Middle Last

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

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.

1. Parent/Guardian Name: _____ **Relationship to Student:** _____
First and Last Name

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 current SPPS employee?** Yes No

If yes, please list name of parent and work location: _____ **Employee ID #:** _____
** Please visit spps.org/apply or School Selection Guide for Specific Employee Considerations

2. Parent/Guardian Name: _____ **Relationship to Student:** _____
First and Last Name

Home Address: _____
Street Apartment # City State Zip Code

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

Is a parent/legal guardian a current SPPS employee?** Yes No

If yes, please list name of parent and work location: _____ **Employee ID #:** _____
** Please visit spps.org/apply or School Selection Guide for Specific Employee Considerations

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 # City State Zip Code

Pick Up Contact Person: _____ **Pick Up Phone:** _____

Drop Off Address: _____
Street Apartment # City State Zip Code

Drop Off Contact Person: _____ **Drop Off Phone:** _____

SCHOOL CHOICE

1st: _____
First Choice School and Program

Name/birth date of sibling already attending this school

2nd: _____
Second Choice School and Program

Name/birth date of sibling already attending this school

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: **Employee:** **Twin ID:** _____

EA to K: **GT:** **SpEd:**

NOTES: _____