



# 2025-2026 Application Instructions

## Pre-Kindergarten - Grade 12

### Before applying to school

1. Consider schools that have services you need and if bus transportation is available from your home or daycare address. Review how community and magnet programs continue from elementary to middle to high schools.
2. Visit [spps.org/apply](https://spps.org/apply) and enter your home address in the School Finder to confirm your Area and Community School Zone, then review your school choice options.
3. An open house or school tour is a perfect opportunity to learn more about schools that interest you. Go to [spps.org/openhouses](https://spps.org/openhouses) for dates and times of each school's winter open house.
4. Visit school websites to explore specific school information.

### Applying for a School

1. Apply online at [spps.org/apply](https://spps.org/apply), complete a paper application or visit the Student Placement Center at 2102 University Ave. West, St. Paul, MN 55114. Applications must be received or postmarked by February 14, 2025, for priority consideration. Families who apply by the priority application deadline will be notified of acceptance, or placement on a waiting list, in March.
2. List up to two schools on your application. Your school choices are considered in the order you list them. Students who are not accepted at their first choice school will be placed on the school's waiting list. Please note that students may not be accepted at either of their two school choices, but students who reside in St. Paul are guaranteed enrollment at a Saint Paul Public School.
3. Complete a separate application for each student.
4. 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, 2025
- 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	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
For each additional household member add:	\$9,953	\$830	\$415	\$383	\$192

**PreK-12 Priority Application Deadline: February 14, 2025**

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



# 2025-2026 Application for Enrollment in Saint Paul Public Schools: PreK-Grade 12

**Saint Paul**  
PUBLIC SCHOOLS

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

**PRIORITY APPLICATION DEADLINE: FEBRUARY 14, 2025**

Student's Legal Name: \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_\_\_  
 Female  Male  Home Language \_\_\_\_\_

Hispanic:  Yes  No  American Indian  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.

1. Parent/Guardian Name: \_\_\_\_\_  
First and Last Name 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 current SPPS employee\*\*?  Yes  No Employee ID #: \_\_\_\_\_  
\*\* Please visit [spps.org/apply](http://spps.org/apply) or School Selection Guide for Specific Employee Considerations

2. Parent/Guardian Name: \_\_\_\_\_  
First and Last Name Relationship to Student: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Apartment # City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is a parent/legal guardian a current SPPS employee\*\*?  Yes  No Employee ID #: \_\_\_\_\_  
\*\* Please visit [spps.org/apply](http://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: \_\_\_\_\_