



# SEATTLE PUBLIC SCHOOLS 2024-25 SCHOOL CHOICE FORM

All Seattle Public Schools choice assignments are subject to space availability. Submitting this form does not guarantee an assignment. Please review [the Linked School Charts](#) as some programs or support services may not be offered at your preferred school. New students must first register on [the Admissions page](#) before participating in School Choice. **Non-resident and Early Entrance Kindergarten students are not eligible to participate in the School Choice process.**

## Student Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: \_\_\_\_\_

Next Year Grade in 2024-25: \_\_\_\_\_ Student ID or Birthdate (MM/DD/YYYY): \_\_\_\_\_

## List Your Preferred School(s)

Priority	School	Program
1		
2		
3		
4		
5		

\*Newly eligible Highly Capable Cohort (HCC) and rising Dual Language Immersion (DLI) students must submit this form by May 31 to opt into their designated pathway. Families who have not received their students' advanced learning eligibility yet can still submit a choice form for HCC during Feb 1 - May 31.

## Language Information for John Stanford or McDonald International Elementary Applicant Only

Is the student a native speaker of Spanish or Japanese language? (Yes/No) \_\_\_\_\_

## Sibling Information

**Sibling Tiebreaker:** Check this box if you are applying for the sibling tiebreaker and write down the sibling info below. Sibling tiebreaker only applies when A) a sibling is currently assigned at the requested choice school for 2023-24 and has a 2024-25 assignment to the request choice school, AND B) this choice form is received during Feb 1-29.

Sibling's Full Name: \_\_\_\_\_ Student ID or Birthdate: \_\_\_\_\_

**Keep Siblings Together:** Check this box if there is more than one student applying for the same school to keep them together. Your children will not receive assignment consideration unless there are seats available for all of them. Please fill out a separate school choice form for each sibling.

Sibling #1 Full Name: \_\_\_\_\_ Student ID or Birthdate: \_\_\_\_\_

Sibling #2 Full Name: \_\_\_\_\_ Student ID or Birthdate: \_\_\_\_\_

## SPS Employee's Child

**Employee's Child:** Check this box if you are a full-time certificated or classified SPS employee and are applying for the school you currently work at. Please provide your name and employee ID if applicable.

Employee's Full Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

## Parent/Guardian Information:

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Admissions Staff Use Only

Received by: \_\_\_\_\_ Date Stamp: \_\_\_\_\_