



Seattle Public Schools 2026-27 School Choice Form

School Choice Forms submitted between Jan 5-31 are considered on-time and prioritized for tiebreakers as applicable. Submissions received between Feb 1-Mar 31 are considered late and will not receive tiebreaker consideration.

All choice assignments are subject to space availability and 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. For students with new or updated IEPs, their school placement may change based on service needs and the Linked School Chart, which could differ from the choice school originally awarded during Open Enrollment. New students [must first register](#) before participating in School Choice. Non-resident and Early Entrance Kindergarten students are not eligible to participate in the School Choice process.

Dual Language Immersion (DLI) students must submit this form by Jan 31 to opt into their designated pathway. Highly Capable eligible students must submit a school choice form by February 28th to opt into their designated pathway school. Late applications are subject to availability and are not eligible for tiebreakers.

Completed forms should be sent to schoolchoice@seattleschools.org.

Student Information

Last Name: _____ First: _____ Middle: _____

Home Address: _____

Next Year Grade in 2026-27: _____ Student ID or Birthdate (MM/DD/YYYY): _____

List Your Preferred School(s)

Important: Students who do not receive an assignment are placed on a waitlist for their first-choice school only.

Priority	School	Program
1		
2		
3		
4		
5		

Language Information for John Stanford or McDonald International Elementary Applicant Only

Is the student a native Spanish or Japanese speaker? (Yes/No) _____ If yes, which language? _____

Sibling Information

- ☐ **Sibling Tiebreaker:** Check this box if you are applying for the sibling tiebreaker. Please provide the sibling info below. Sibling tiebreaker only applies when A) the sibling is currently assigned at the requested choice school for 2025-26 and has a 2026-27 assignment to the requested choice school, **AND** B) this School Choice form is submitted between January 5-31.

Sibling's Full Name: _____ Student ID or Birthdate: _____

- ☐ **Keep Siblings Together:** Check this box if you have more than one student applying for the same school and want to keep them together. Please provide sibling info below (use back of form if you have additional students). **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 employee ID and primary job location if applicable.

Employee ID: _____ Primary Job Location: _____

Parent/Guardian Information:

Full Name: _____ Phone: _____ E-mail: _____

Signature: _____ Date: _____

For Admissions Staff Use Only

Received by: _____ Date Stamp