



# OMAHA PUBLIC SCHOOLS

## Student Enrollment - Elementary

### Family Census

### 2025-26

#### Student Name

Last (legal):	First:	Middle:	Gender: M / F	Birth Date:
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#### Household #1

Residential Address:	Apt. #
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City:	State:	ZIP:	Home Phone: (    )
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Mailing Address (if different):	City:	State:	ZIP:
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#### Parent/Guardian Information

Parent/Guardian Last Name (legal):	First Name:	Middle Name:	Gender: M / F	Birth Date:
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Parent/Legal Guardian: Yes / No	Relationship to Student:	Email Address:
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Cell: (    )	Work Phone: (    )	Place of Employment:
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Ethnicity (choose one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Race (choose one or more, regardless of ethnicity): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Native American or Alaskan  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander         </div> <div> <input type="checkbox"/> Asian  <input type="checkbox"/> White         </div> <div> <input type="checkbox"/> Black or African American         </div> </div>
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Parent/Guardian Last Name (legal):	First Name:	Middle Name:	Gender: M / F	Birth Date:
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Parent/Legal Guardian: Yes / No	Relationship to Student:	Email Address:
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Cell: (    )	Work Phone: (    )	Place of Employment:
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Ethnicity (choose one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Race (choose one or more, regardless of ethnicity): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Native American or Alaskan  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander         </div> <div> <input type="checkbox"/> Asian  <input type="checkbox"/> White         </div> <div> <input type="checkbox"/> Black or African American         </div> </div>
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Complete the following for STEPPARENT only:	Authorized to access educational records: Yes / No	Authorized to pick up student: Yes / No
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#### Household #2

☐ Check here to have mailings and other communications provided to this parent.

Address:	Apt.#
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City:	State:	ZIP:	Home Phone: (    )
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Mailing Address (if different):	City:	State:	ZIP:
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#### Parent/Guardian Information

Parent/Guardian Last Name (legal):	First Name:	Middle Name:	Gender: M / F	Birth Date:
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Parent/Legal Guardian: Yes / No	Relationship to Student:	Email Address:
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Cell: (    )	Work Phone: (    )	Place of Employment:
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Ethnicity (choose one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Race (choose one or more, regardless of ethnicity): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Native American or Alaskan  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander         </div> <div> <input type="checkbox"/> Asian  <input type="checkbox"/> White         </div> <div> <input type="checkbox"/> Black or African American         </div> </div>
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Parent/Guardian Last Name (legal):	First Name:	Middle Name:	Gender: M / F	Birth Date:
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Parent/Legal Guardian: Yes / No	Relationship to Student:	Email Address:
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Cell: (    )	Work Phone: (    )	Place of Employment:
--------------	--------------------	----------------------

Ethnicity (choose one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Race (choose one or more, regardless of ethnicity): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Native American or Alaskan  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander         </div> <div> <input type="checkbox"/> Asian  <input type="checkbox"/> White         </div> <div> <input type="checkbox"/> Black or African American         </div> </div>
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Complete the following for STEPPARENT only:	Authorized to access educational records: Yes / No	Authorized to pick up student: Yes / No
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#### Other Students in the household(s) - include anyone for whom the listed adults are responsible (children, stepchildren, foster children, foreign exchange student, etc.)

Last Name	First	Date of Birth	Member of Household #1	Member of Household #2
			Y / N	Y / N
			Y / N	Y / N
			Y / N	Y / N
			Y / N	Y / N

Please provide a copy of court decree/parenting plan if there are restrictions related to the student.

**Student Name (cont.)**

Student Name: \_\_\_\_\_

**Emergency Contacts (Other Than Parents or Guardians)***For example: These contacts would be used if your child had a medical emergency, and the school was unable to get in contact with you.*

Contact #1	Last Name	First Name
Birth Date: (mm/dd/yyyy)	Gender: M / F	Relationship to Student:
		<input type="checkbox"/> Authorized to Pick Up
Home Phone: (      )	Cell Phone: (      )	Work Phone: (      )

Contact #2	Last Name	First Name
Birth Date: (mm/dd/yyyy)	Gender: M / F	Relationship to Student:
		<input type="checkbox"/> Authorized to Pick Up
Home Phone: (      )	Cell Phone: (      )	Work Phone: (      )

Contact #3	Last Name	First Name
Birth Date: (mm/dd/yyyy)	Gender: M / F	Relationship to Student:
		<input type="checkbox"/> Authorized to Pick Up
Home Phone: (      )	Cell Phone: (      )	Work Phone: (      )

Contact #4	Last Name	First Name
Birth Date: (mm/dd/yyyy)	Gender: M / F	Relationship to Student:
		<input type="checkbox"/> Authorized to Pick Up
Home Phone: (      )	Cell Phone: (      )	Work Phone: (      )

**Digital Access****Internet Access**

- Do you have internet access in your household? ☐ Yes ☐ No, Not Available ☐ No, Not Affordable ☐ No, Other Reason
- What type of internet access do you have in your household?
 

<input type="checkbox"/> Residential Broadband (DSL, Cable, Fiber)	<input type="checkbox"/> Satellite	<input type="checkbox"/> None
<input type="checkbox"/> Cellular Network (including iPads supplied by OPS)	<input type="checkbox"/> Dial-Up	<input type="checkbox"/> Community Provided Wi-Fi
<input type="checkbox"/> Hot Spot	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown
- Can student(s) in your household complete school activities including video streaming and assignment upload, without interruptions caused by poor internet performance?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
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**Device Information**

- Select the type of device that your student(s) uses most often to complete school activities at home.
 

<input type="checkbox"/> Tablet (Including school issued iPad)	<input type="checkbox"/> None	<input type="checkbox"/> Desktop Computer
<input type="checkbox"/> Chromebook	<input type="checkbox"/> Other	<input type="checkbox"/> Laptop Computer
<input type="checkbox"/> Smart Phone		
- Is that device shared with another person? ☐ Shared ☐ Unknown ☐ Not Shared ☐ School Provided - Dedicated to one Student
- Is that device provided by the school, personally owned or from someone/somewhere else?
 

<input type="checkbox"/> Personal Device	<input type="checkbox"/> School Provided	<input type="checkbox"/> Other
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**Migrant Information**Have you moved to Omaha within the past three years? (Migrant workers may qualify for additional benefits.) ☐ Yes ☐ NoIf yes, have you or are you working in an agricultural job or meat packing plant in the USA. ☐ Yes ☐ No

If yes, please identify the agricultural job you have now or have had in the past. Check all that apply:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Meat Packing, Processing, Cattle | <input type="checkbox"/> Dairy                          | <input type="checkbox"/> Eggs                   | <input type="checkbox"/> Cultivation, Preparation of Soil |
| <input type="checkbox"/> Fishing                          | <input type="checkbox"/> Harvest (fruit and vegetables) | <input type="checkbox"/> Tree Planting, Cutting | <input type="checkbox"/> Greenhouse, Nursey Sod           |

**FOR OFFICE USE ONLY**Address Verification issued within the past 3 months: ☐ OPPD Bill ☐ MUD Bill ☐ Cox Cable ☐ Lease/Purchase Agreement ☐ Supt. Letter ☐ Other**Residency Affidavit** Testimony that the student's family resides at the listed address with:

Homeowner/Renter Name \_\_\_\_\_

Homeowner/Renter Resident Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Address Verification for Residency Affidavit issued within the past 3 months: ☐ OPPD Bill ☐ MUD Bill ☐ Cox Cable ☐ Lease/Purchase Agreement ☐ Other \_\_\_\_\_

Family Census Information Reviewed by: Staff Name \_\_\_\_\_ Date \_\_\_\_\_ School \_\_\_\_\_

Omaha Public Schools does not discriminate on the basis of race, color, national origin, religion, sex (including pregnancy), marital status, sexual orientation, disability, age, genetic information, gender identity, gender expression, citizenship status, veteran status, political affiliation or economic status in its programs, activities and employment and provides equal access to the Boy Scouts and other designated youth groups. The following individual has been designated to accept allegations regarding non-discrimination policies: Superintendent of Schools, 3215 Cuming Street, Omaha, NE 68131 (531-299-9822). The following persons have been designated to handle inquiries regarding the non-discrimination policies: Director of Equity and Diversity (equityanddiversity@ops.org), 3215 Cuming St, Omaha, NE 68131 (531-299-0307).



OMAHA PUBLIC SCHOOLS  
Demographics and Instructions - Elementary  
2025-26

Student Number \_\_\_\_\_

### Student Information

Student Last Name (*legal*):

Student Name Suffix (Jr., III, etc.):

Student First Name (*legal*):

Gender:

Birth State/Country:

Date Entered the U.S.  
(*if country of birth is not the U.S.*)

M F

Student Middle Name (*full*):

Birth Date (*month/day/year*): \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnicity (*Must choose one*):

- ☐ Hispanic/Latino  
☐ Not Hispanic/Latino

Race (*Must choose one or more, regardless of ethnicity*):

- ☐ Native American or Alaskan Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White

Student lives with (*check appropriate boxes*):

- ☐ Both Parents  
☐ Father Only  
☐ Father/Stepparent  
☐ Mother Only  
☐ Mother/Stepparent  
☐ Foster Parent  
☐ Each Parent Separately  
☐ Other (*Please specify*): \_\_\_\_\_

### Tribal Enrollment

Is this student a member of a federal or state recognized tribe?

Yes No

A biological parent/grandparent is a member of a federal or state recognized tribe.

Yes No

### Student's Previous Education Experience

Enrolling in Grade:

Has your child ever attended an OPS school?

Yes No

Name of Last School and Year Attended:

City/State of Last School Attended:

### Home Language Survey

What language did your student first learn to speak? English Spanish Other \_\_\_\_\_

What language is spoken most often by your student? English Spanish Other \_\_\_\_\_

What language is primarily used in the student's home regardless of the language spoken by the student?

English Spanish Other \_\_\_\_\_

What is your preferred language for communications (school mailings, phone messages, etc.)?

(*Communications will be sent in this language when available*) English Spanish Other \_\_\_\_\_

### Additional Information

Date first entered a U.S. school: (*Enter date your student started/will start school in the U.S. If you don't remember the actual date, use the 1<sup>st</sup> of the month the student started. For students enrolling in KG use 08/13/25.*)

\_\_\_\_/\_\_\_\_/\_\_\_\_

Is your child a Ward of the State/Court?

Yes No

Are you currently residing at a shelter, in transitional housing or with a friend/relative?

Yes No

Does your child have a current 504 Plan?

Yes No

Was your child in any Gifted/Talented programs?

Yes No

Is your child receiving Special Education Services?

Yes No

If YES, please provide details:

**Demographics and Instructions (con't.)**

Student Name: \_\_\_\_\_

**Children's Online Privacy Protection Act (COPPA)**

OPS may contract with publishers or online providers to offer online curriculum that aligns with district standards or other services that support teaching and learning processes of the district. These applications or websites are offered for the benefit of students and the school system. Online providers give OPS full notice of their collection, use and disclosure practices. Use of the applications or websites and the collection of information from students are solely for the use and benefit of the school, and for no commercial purpose.

Under the Children's Online Privacy Protection Act (COPPA), certain applications and websites require parental notification and/or consent before collecting personal information from children under the age of 13. There are currently three categories of approved apps:

- Apps approved for all ages
- Apps only approved for students aged 13 and up, no exceptions
- Apps that require parental permission for students aged 12 and under because they may collect personally identifying information such as name, email address, age, and/or grade level (COPPA Compliance)

**Only complete if your child is AGE 12 OR UNDER**

☐ No ☐ Yes I give permission for my child to use OPS approved apps requiring parent permission for students under age 13 (COPPA Compliance)

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Military Families**

☐ Yes Student is a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps, Coast Guard or National Guard or Reserve Forces. List the name(s) of parent(s)/guardian(s) in military: \_\_\_\_\_

☐ No The student's parent or guardian is not a member of the Armed Forces on active duty or is not on full-time National Guard duty.

**FOR OFFICE USE ONLY**

School: _____	Grade: _____	Start Date: ____/____/____
Documentation Obtained:	Date Requested	Date Received
<input type="checkbox"/> Address Verification	_____	_____
<input type="checkbox"/> Birth Certificate	_____	_____
<input type="checkbox"/> Immunization Records	_____	_____
<input type="checkbox"/> Physical	_____	_____
<input type="checkbox"/> Other:	_____	_____
Student's Legal Name and Birth Date Verified by _____		Date: _____
Student Enrollment Form Reviewed by: _____ on: _____		

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OMAHA PUBLIC SCHOOLS  
Statement of Person in Legal or Actual Charge or Control of a Child  
Submitted to the Omaha Public Schools for Purposes of School Enrollment

**Student Information**

Student Number:	Student's Name:	Date of Birth: ____/____/____	Grade:
School:	Name of Guardian(s):		

**Charge and Control**

The undersigned state that I am an adult in legal or actual charge or control of \_\_\_\_\_, a child  
(Child's Name)  
who resides in this school district at \_\_\_\_\_.  
(Child's Address)

- ☐ I state that I am the child's parent and I have custody and educational rights, or
- ☐ I state that I am not the child's parent, but I have been entrusted with, or assumed, day-to-day care and full supervision of, and responsibility for, the child and have been given the authority to act as parent or guardian in educational matters as established by (check all that apply):

**Not complete without supporting documents included.**

- a) ☐ a court or testamentary appointment as a legal guardian (**attach copy**) and/or
- b) ☐ a power of attorney delegating such parental powers (for no more than 6 months) (**attach copy**), and/or
- c) ☐ through an in loco parentis designation by a parent in which I have been authorized to stand in the place of the parent in caring for and raising the child (**attach copy**), and/or
- d) ☐ through any contract or judicial or administrative proceeding placing the child in such a living arrangement (**attach copy if superintendent's letter is not on file**), and/or
- e) ☐ through a placement in a residential group home
- f) ☐ through some other set of circumstances (**attach detailed explanation on separate sheet**).

I understand that I may be requested to provide additional information regarding this child.

The names and current or last known place of residence of his or her parents are:

*When receiving notice of a change in the legal or actual charge or control of a child, the Omaha Public Schools may give notice of the change to any and all agencies that provide assistance on the child's behalf. The Omaha Public Schools is not liable for any loss of benefits as a result of any person's decision to transfer legal or actual charge or control of a child as a result of the Omaha Public Schools notifying agencies providing assistance on the child's behalf of this change in charge or control.*

I understand that I will be responsible for, and will be expected to make decisions regarding education (including, but not limited to, records, discipline, and special education unless otherwise provided under special education laws and regulations), emergency medical care, and other matters for this child while in legal or actual charge or control of this child and I state that I have the authority to take such responsibility and to make such decisions and to so act. I also understand that I will have responsibilities under the state truancy laws to cause this child to attend school.

\_\_\_\_\_  
Signature of Adult in Legal or Actual Charge or Control

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address of Adult in Legal or Actual Charge or Control

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Daytime Workplace/Address

\_\_\_\_\_  
Daytime Work Phone

**Note:** Section 79-215 R.R.S. provides that if any student is homeless or if the adult does not have a phone number and address where he or she may generally be reached during the school day, those parts of the form may be left blank and a box may be marked acknowledging that these are the reasons these parts of the form were left blank. The adult with legal or actual charge or control of the student shall also sign the form.

- ☐ This child is homeless, which is the reason items were left blank.
- ☐ This adult does not have a phone number or address where they may generally be reached during the school day.

**Further Note:** It is contrary to state law for persons to intentionally submit false information to a school district in an attempt to fraudulently obtain services of the district for themselves or another or to impede the district in its enrollment determination.

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# OMAHA PUBLIC SCHOOLS

## Data Sharing 2025-26

Student Number \_\_\_\_\_

Student Name \_\_\_\_\_

Birth Date (month/day/year): \_\_\_\_\_

### Family Educational Rights and Privacy Act (FERPA)

Family Educational Rights and Privacy Act (FERPA) permits designated Directory Information to be disclosed without written consent from a parent/guardian unless the parent/guardian provides a written request that it not be allowed.

#### Directory Information

Directory Information, as designated by Omaha Public Schools, **includes name, grade level, date and place of birth, dates of enrollment, current and most recent educational agency or institution attended, honors, and awards received, participation in officially recognized activities and sports, weight and height of members of athletic teams, and photograph.** For example, Directory Information allows student information to be used in such things as:

Annual yearbook	Graduation programs	Honor roll or other recognition lists
A playbill, showing a student's role in a drama production		Sports activity programs
Omaha Public Schools (OPS) social media, webpages and publications		Media stories - print, broadcast, and web

☐ No ☐ Yes I give permission for Omaha Public Schools (OPS) to release Directory Information.

I understand use of these materials by OPS or the media is for information and promotional purposes only and that I have no right to review any such photographs, videos, printed materials, web pages or social media posts prior to their use. I also understand that there is no monetary compensation for use of my child's name, likeness and image.

#### Limited Release of Non-Directory Information

Limited Release of Non-Directory Information, such as address, phone number, and parent(s)/guardian(s) names may only be released with permission of a parent/guardian or as otherwise permitted by state and federal law. Examples of **school-related purposes** for which the school district practice allows this release include:

Scholarship organizations	Senior portrait photographers	Student directories for student/school/parent use
College Recruiters	Student financial aid entities	

☐ No ☐ Yes I give permission for Omaha Public Schools (OPS) to release address, phone number and parent/guardian names for school-related purposes only.

Please sign, date and return this form to your child's school

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

This release of information is distributed at the beginning of the school year and may also be obtained at any time by contacting Student Information Services, 531-299-0237, 3215 Cuming Street, Omaha, Nebraska 68131-2024. We encourage parents to sign this limited release form.

Students and parent(s)/guardian(s) have the right to obtain a copy of the policy of the School District on student records. Copies of the policy are on file in the Student Information Services Office, School District of Omaha, 3215 Cuming Street, Omaha, Nebraska 68131-2024.

### Collaboration with Collective for Youth

OPS contracts with Collective for Youth (CfY) to store certain directory and non-directory student information in a data base. OPS permits third parties to have access to this student information as follows: (i) OPS permits its own contractors and staff to access both directory and non-directory information in order that they can provide services to OPS - for example, to evaluate the effectiveness of OPS programs; (ii) OPS permits community agencies to access directory information unless the parent has directed that directory information not be shared; and (iii) OPS permits community agencies that provide services to enhance student performance to access non-directory information if the student is enrolled in such program and the parent has consented.

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**Parent** - Return this form to your child's school

**School** - Forward form to SIS



# OMAHA PUBLIC SCHOOLS

## Health

### 2025-26

#### Student Information

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_ Date of Birth (month/day/year): \_\_\_\_\_

Healthcare Provider Name: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Medical Alerts (Asthma, Allergies, or Other Life-Threatening Condition)

Medical Alerts: \_\_\_\_\_

#### Medication Information

Is your child taking medication regularly? ☐ Yes ☐ No  
 If yes, please list the medication(s): \_\_\_\_\_  
 Is your child allergic to any medications? ☐ Yes ☐ No  
 If yes, please list the medication(s): \_\_\_\_\_  
 Indicate allergic reaction: \_\_\_\_\_

*A written health care provider order and parent/guardian signed permission is required for any medication administered during school hours. Medication Permission forms are available in the health office.*

#### Immunization Information

*Per Nebraska state law, immunization documentation needs to be on file at the school by the first day of attendance. If immunization documentation is **not** complete, see the school nurse or designee before enrollment can be completed.*

***Please provide your school nurse with updated immunization records.***

#### Physical Examinations

A physical exam is required by Nebraska law for:

- Entrance to Kindergarten
- Entrance to 7<sup>th</sup> Grade
- All students entering from out of state

*Required physical exams must be done on or after March 1 of the current year.*

Physical exams are also required for:

- Students in grades 7-12 who wish to participate in Athletics

*Physical exams for athletics must be done on or after May 1 of the current year.*

Your child's physician will give you the documentation required for a school physical. Submit the physical exam to your child's school nurse.

#### Other Physical or Mental Health Needs

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Life threatening medical conditions may be shared with staff on a need-to-know basis to ensure the safety of a student.**

**In the event of cardiac arrest, an Automated External Defibrillator (AED) will be used by staff trained in CPR/AED. If a student experiences a life-threatening breathing emergency or severe systemic allergic reaction (anaphylaxis), epinephrine and nebulized albuterol will be administered by trained staff. Emergency Medical Services (EMS) will be called.**

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**Student Information**

Student Last Name (legal):

Student Number:

First Name (legal):

Student Middle Name (full):

Gender: M / F

Birth Date (mm/dd/yyyy): / /

Home Address:

City:

Zip:

Grade:

Name of School Attending:

**Parent/Guardian**

Parent Last Name (legal):

Parent First Name (legal):

Parent Middle Name (full):

Parent Birthdate (mm/dd/yyyy):

Parent/Legal Guardian: ☐ Yes ☐ No

Relationship to Student:

Home Phone:

Work Phone:

Cell Phone:

Email:

May we text your cell phone number? ☐ Yes ☐ No

**School Based Health Centers**

School-Based Health Centers (SBHCs) are available in select schools and open to all students. They provide diagnosis, treatment, and prescription services for various illnesses that may keep children out of the classroom. Additionally, SBHCs offer school physicals, immunizations, and behavioral and psychiatric care. Some services may be provided via telehealth, but emergency care is not available.

By signing this enrollment and consent form, you consent to the following:

- **I authorize** Omaha Public Schools staff to share the following student information with OneWorld Community Health Center and Charles Drew Health Center (SBHCs) if services are provided: family and emergency contact details, state student number, attendance records, disciplinary records, schedule, immunization history, health screening results, psychological evaluations, special education (IEP, MDT) records, Section 504 accommodation plans, and information on health conditions (e.g., asthma, allergies, diabetes, seizures).

**Health Screenings**

In compliance with Nebraska state regulations, students in Early Childhood, Kindergarten, and grades 1, 2, 3, 4, 7, and 10 receive free screenings for hearing, vision, dental, height, and weight. These screenings may be conducted in collaboration with community partners.

Students in grades 5, 6, 8, 9, 11, and 12—where screenings are not state-mandated—may also have the opportunity to receive free vision screenings from Children's Nebraska or other contracted providers.

By signing this consent form, you consent the following:

- **I authorize** my child to receive a vision screening from Children's Nebraska and/or other contracted providers. Additionally, I allow Omaha Public Schools to share the following student information for service provision and program evaluation: family contact details, state student number, schedule, and screening results.

These consents do not apply to grades that are mandated by Nebraska State Law to receive health screenings.

This authorization expires when my child leaves OPS or graduates. I understand that I may revoke this authorization at any time by submitting a letter to the Omaha Public Schools, Student Information Services, 3215 Cuming Street, Omaha, NE 68131-2024 or by checking the box to revoke below.

**School Based** ☐ No ☐ Yes I authorize OPS to release information as described above.

**Vision Services** ☐ No ☐ Yes I authorize my child to receive vision services through Children's and/or other contracted service providers as described above. I further authorize OPS to release information as described above.

Parent/Gurdian Signature

Relationship to Student

Date

*Omaha Public Schools does not discriminate on the basis of race, color, national origin, religion, sex (including pregnancy), marital status, sexual orientation, disability, age, genetic information, gender identity, gender expression, citizenship status, veteran status, political affiliation or economic status in its programs, activities and employment and provides equal access to the Boy Scouts and other designated youth groups. The following individual has been designated to accept allegations regarding non-discrimination policies: Superintendent of Schools, 3215 Cuming Street, Omaha, NE 68131 (531-299-9822). The following persons have been designated to handle inquiries regarding the non-discrimination policies: Director of Equity and Diversity (equityanddiversity@ops.org), 3215 Cuming St, Omaha, NE 68131 (531-299-0307).*

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