



OMAHA PUBLIC SCHOOLS

Student Enrollment - Secondary

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): <input type="checkbox"/> Native American or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
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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): <input type="checkbox"/> Native American or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
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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): <input type="checkbox"/> Native American or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
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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): <input type="checkbox"/> Native American or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
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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 InformationHave 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, Nurse 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 - Secondary
2025-26

Student Number _____

Student Information

Student Last Name (*legal*):

Student Name Suffix (Jr, III, etc):

Student First Name (*legal*):

Gender:

M F

Birth State/Country:

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

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/Stepmother
☐ Mother Only
☐ Mother/Stepfather
☐ 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:

Is your child presently expelled or under consideration for expulsion from any other school district?

Yes No

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 1st 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 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 Compliant).

Printed Name _____

Signature _____

Date _____

PreACT Consent for Score Reporting and Education Opportunity Services (EOS)

FOR 9TH AND 10TH GRADE STUDENTS ONLY: Only students who have consent from a parent or legal guardian will be allowed to participate in ACT EOS. The Educational Opportunity Service (EOS) provides information from colleges, universities, financial aid and scholarship agencies, government agencies, and organizations that offer educational, community involvement, extracurricular, and career opportunities, products and services. If you respond "Yes," you agree to be contacted by ACT and authorize ACT and The National Research Center for College & University Admissions (NRCCUA) to provide, for free and for purchase, the following information to these organizations: name, address, gender, high school, email address, date of birth, year of high school graduation, racial/ethnicity background, intended college major, and occupational choice.

In addition, information you choose to provide in the Student Profile Section, as well as your test score range (not specific scores, but a range they fall within), may be disclosed to and used by these organizations to assist in identifying candidates for educational, financial aid, scholarship, community involvement, extracurricular, and career opportunities. All organizations participating in EOS have agreed to use your information only for the purpose of sharing information about their programs.

☐ No ☐ Yes I give consent for my child to participate in the free EOS. *Please note, students will need to select "Yes" to opt into these programs while completing the non-test portion.*

Printed Name _____

Signature _____

Date _____

ACT Consent for Score Reporting and Education Opportunity Services (EOS)

FOR 11TH GRADE STUDENTS ONLY: Only students who have consent from a parent or legal guardian will be allowed to participate in ACT EOS and provide 4 free test scores to colleges, universities, and scholarship agencies. For more information visit: <https://www.education.ne.gov/assessment/act/>

- ☐ Yes I give consent for my child to participate in the free EOS and request the score reports. *Please note, students will complete the non-test portion online and will also need to select "Yes" to opt into these programs.*
- ☐ No I do not give consent for my student to request score reports or participate in EOS. *Selecting "No" means your student will not be allowed to request the four free score reports to colleges/universities (valued at approximately \$18 each) or participate in EOS.*

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:

- ☐ Address Verification
- ☐ Birth Certificate
- ☐ Immunization Records
- ☐ Physical
- ☐ Other: _____

Date Requested _____

Date Received _____

Student's Legal Name/Birth Date Verified by _____ Date: _____ Student Enrollment Form Reviewed by: _____ on: _____

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 Cumming 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 Cumming St, Omaha, NE 68131 (531-299-0307).



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.

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
Data Sharing
2025-26

Student Number _____

Student Name: _____

Birth Date: _____

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 and parent/guardian names for school-related purposes only.

Release to Military Recruiters and Institutions of Higher Education

In addition to disclosure of directory information, federal law also requires school districts to release to military recruiters and institutions of higher education, secondary school students' names, addresses and telephone listings, unless parents and/or secondary students request that this information NOT be released to these institutions without their prior written consent.

☐ No ☐ Yes I give permission for Omaha Public Schools (OPS) to release name, address and telephone number to military recruiters.

☐ No ☐ Yes I give permission for Omaha Public Schools (OPS) to release name, address and telephone number to institutions of higher education.

Community Partner Student Recognitions and Supports

OPS has engaged in partnerships with community-based organizations that, as part of their mission, recognize students for academic achievement and individual talents, and provide support for student/family needs. These organizations request parent contact information for the purpose of honoring students, organizing events and coordinating services based on academic and demographic eligibility.

Organizations which provide recognition, honors or awards:

Revive Magazine (Salute to Excellence)	Delta Sigma Theta Sorority, Inc. (Delta Academy/Delta G.E.M.S.)
The Links, Inc. (Cotillion)	Omega Psi Phi Fraternity, Inc. (Beautification)
Metro Community College (Men of Distinction Summit)	Alpha Phi Alpha Fraternity Inc. (Scholarship and Awards)
The Community Academic Achievement Awards Committee	Empowerment Network (Leadership Conference, Striving for Success)

☐ No ☐ Yes I give consent to OPS to release **parent name, address and phone numbers, student race/ethnicity and GPA if my child is eligible for recognition, honors or awards** by these organizations. I also consent to release this information to future partners who enter into agreements with OPS to provide community recognitions, honors, and awards.

Organizations which provide supports for student/family needs:

Avenue Scholars (Post-secondary Access)	College Possible (Post-secondary Access)
Empowerment Network (Step-Up Omaha, Mentoring)	Jobs for America's Graduates (JAG) (Post-secondary Access)
Talent Search (Post-secondary Access)	Nebraska College Preparatory Academy (NCPA) (Post-secondary Access)
Upward Bound (Post-secondary Access)	Urban League (Whitney Young Academy, Community Coaches)

☐ No ☐ Yes I give consent to OPS to release **parent name, address and phone numbers, student race/ethnicity and GPA if my child is eligible for programs that provide support for student/family needs.** I also consent to release this information to future partners who enter into agreements with OPS to provide community partner supports for student/family needs.

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

Parent/Guardian Signature _____

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 database. OPS permits third parties to have access to this student information as follows: (i) OPS permits its own contractors and staff to access directory and non-directory information in order to 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 indicated 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.

Data Sharing (con't.)

Student Name: _____

Post-Secondary Access**Release of Educational Benefits Eligibility OR Free/Reduced Lunch Status**

Educational benefits eligibility OR Free/reduced lunch status may be 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:

- ACT or SAT test waivers
- Scholarship organizations and scholarship selection committees
- College application fee waivers

- ☐ Yes, I give permission for Omaha Public School (OPS) to release educational benefits eligibility or free/reduced lunch status.
- ☐ No, Omaha Public School (OPS) does not have my permission to release educational benefits eligibility or free/reduced lunch status.

Recommendation Letters and Forms

Recommendation letters and forms prepared by school staff may be 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:

- Application to special programs (Zoo Academy, UNMC Health Alliance, NHS, NCPA, etc)
- Scholarship organizations and scholarship selection committees
- College, university, and trade school admissions offices

- ☐ Yes, I give permission for Omaha Public School (OPS) to release recommendation letters and forms prepared by school staff.

Waiver of Right to Inspect and Copy Recommendation

Parents/guardians/students can waive their right under state and federal law pertaining to student records to inspect and copy any confidential recommendations from school staff.

- ☐ Yes, I/we waive any right to inspect and copy any confidential recommendations requested.
- ☐ No, I/we do not waive our right to inspect and copy any confidential recommendations requested. If elected, it is the student's responsibility to notify the employee, in writing, that the recommendation is subject to review by the student or parent/guardian.

- ☐ No, Omaha Public School (OPS) does not have my permission to release recommendation letters and forms prepared by school staff.

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

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 7th 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.

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).



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/Gurlian Signature

Relationship to Student

Date

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Office Use Only: ☐ Verified

☐ Programs

☐ Sections

Initials