



OMAHA PUBLIC SCHOOLS

Student Enrollment - Elementary

Family Census

2022-23

Student Name

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

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

Parent/Guardian Information

Parent/Guardian Last Name (legal):	First Name:	Middle Name:	Gender: M / F	Birth Date:
Parent/Legal Guardian: Yes / No	Relationship to Student:	Email Address:		
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): <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		
Parent/Guardian Last Name (legal):	First Name:	Middle Name:	Gender: M / F	Birth Date:
Parent/Legal Guardian: Yes / No	Relationship to Student:	Email Address:		
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): <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		
Complete the following for STEPPARENT only:	Authorized to access educational records: Yes / No	Authorized to pick up student: Yes / No		

Household #2

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

Address:			Apt.#	
City:	State:	ZIP:	Home Phone: ()	
Mailing Address (if different):		City:	State:	ZIP:

Parent/Guardian Information

Parent/Guardian Last Name (legal):	First Name:	Middle Name:	Gender: M / F	Birth Date:
Parent/Legal Guardian: Yes / No	Relationship to Student:	Email Address:		
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): <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		
Parent/Guardian Last Name (legal):	First Name:	Middle Name:	Gender: M / F	Birth Date:
Parent/Legal Guardian: Yes / No	Relationship to Student:	Email Address:		
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): <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		
Complete the following for STEPPARENT only:	Authorized to access educational records: Yes / No	Authorized to pick up student: Yes / No		

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	Gender: M / F	Birth Date:	<input type="checkbox"/> Authorized to Pick Up
Relationship to Student:		Address		
Home Phone: ())		Work Phone: ())	Cell Phone: ())	

Contact #2

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

Contact #3

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

Contact #4

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

Digital EquityDo 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 the student(s) in your household complete school activities including video streaming and assignment upload, without interruptions caused by poor internet performance? Yes Sometimes No

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 |
|--|--|--------------------------------|

FOR OFFICE USE ONLYAddress Verification issued within the past 60 days: 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 issued within the past 60 days: OPPD Bill MUD Bill Cox Cable Lease/Purchase Agreement Supt. Letter 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).

Demographics and Instructions (con't.)

Student Name: _____

Spectator Event Cards

Elementary students may purchase an Omaha Public Schools (OPS) Spectator Event Card for \$15.00. This card will admit the student at no additional cost to OPS secondary spectator events (e.g., high school/middle school athletic events) if:

- **The event is hosted at an OPS school (non-OPS schools will not honor the Spectator Event Card)**
- The student is eligible to attend the event (not suspended, expelled or otherwise restricted).
- The student is accompanied by an adult while at the event.

There is a \$5.00 replacement fee for lost cards.

The Spectator Event Card may be issued at no cost if your child qualifies. Complete an Educational Benefits Form to see if you qualify.

- I do not want an OPS Spectator Event Card for my child.
- I have enclosed \$15.00 for a Spectator Event Card for my child. (Make checks payable to Douglas County School District 001).
- I want to get an OPS Spectator Event Card for my child at no cost. I will complete an Educational Benefits Form to see if I qualify for this waiver. (EBFs are available at the school or can be completed online at <https://www.schoolcafe.com/OMAHAPS>).

Student Name: _____ Student # _____ School: _____

Parent/Guardian Signature: _____ Date: _____

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: _____ Bldg. Number: _____ Grade: _____ Enter Code: _____ Enter 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 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 address 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, gender 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
2022-23

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 the School District, 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.

- OPS social media, web pages and publications
National and local media stories - print, broadcast, and web
Graduation programs The annual yearbook Honor roll or other recognition lists
A playbill, showing a student's role in a drama production Sports activity programs showing weight and height of athletic team members

[] No [] Yes I give permission for 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.

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.

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

[] No [] Yes I give permission for 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, 531-299-9724, 3215 Cuming Street, Omaha, Nebraska 68131-2024.

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 Student Electronic Accounts

In order to meet the ever-growing demand for communication and technological literacy, Omaha Public Schools will provide all OPS students with network, student portal and email accounts. These accounts will allow access to OPS computing facilities, current grade and attendance information and email. OPS recommends all students have access to these resources to facilitate a better learning environment for today's students.

Student Network Accounts

Access to OPS computing facilities through network user accounts is available for educational purposes. Teachers may make use of the network for students to submit assignments as well as to provide educational curriculum. **Students should protect their username and password carefully.** The use of computers whether stand-alone, or as a part of a local area network or wide-area network such as the internet is a privilege, not a right. This use must be consistent with and driven by the educational objectives of the Omaha Public Schools. Any use that is not consistent with these objectives is prohibited and governed by the OPS Code of Conduct.

Campus Parent /Campus Student Accounts

Campus Parent and Campus Student are applications that provide parents/guardians and their students access to a website to view student information. These applications are designed to perform on mobile devices. Campus Parent and Campus Student will enhance communication between school and home and can help improve a student's participation in his/her own educational experience. Records that may be viewed include attendance, class schedule, progress reports, assignments and grades, report cards, transcripts and immunizations. (Not all of these are available at all grade levels). The following guidelines are in place to ensure the safety and privacy of each student.

- Parent/Guardians and students shall not share their passwords or allow anyone other than themselves to use the account.
- Campus Parent and Campus Student should only be accessed through a secure Internet connection.
- Schools will make every attempt to ensure information is accurate and complete. However, if a student or parent/guardian discovers any inaccurate information, he or she should notify the appropriate school immediately.

In the interest of security, the Omaha Public Schools District reserves the right, at any time and without notice, to change user passwords; and to deny access to, terminate and/or monitor use of Campus Parent or Campus Student.

Account Setup:

- Students will be able to access their Campus Student accounts using their network username and password.
- Parents/guardians may request a Campus Parent account by contacting the school. Account set up information will be e-mailed or mailed following verification of identity.

Student Email Accounts

Email accounts will be provided to students for in-classroom collaboration and communication. These email accounts will be one of two types:

- Limited access - communication allowed only within the Omaha Public School District, or
- Full access - communication allowed both within the school district and to any outside email address

The level of access is dependent upon the student's level in school.

- **High school students** will be provided with full access allowing for both internal and external communication. Graduating seniors accounts are currently active for 6 months after they graduate.
*Although it is strongly recommended that high school students be allowed full access to email (both internal and external), parents/guardians who do not want their student(s) to receive full access must notify in writing the **IMS User Support Office**, at 3215 Cuming Street, Omaha, Nebraska 68131-2024. Parents should specify their preference:*
 - *limited email access (internal communication only), or*
 - *NO email access.*
- **Middle school and Elementary school students** may be provided with limited email access, allowing for internal and approved service provider communication only.
*Not every elementary school will make use of these email accounts. Parents/guardians who do not want their student(s) to receive this access to email must notify in writing the **IMS User Support Office**, at 3215 Cuming Street, Omaha, Nebraska 68131-2024.*

Student OPS Email Account Terms and Conditions

The student and his/her parent(s) or guardian(s) agree to the following terms and conditions for maintaining a student computing facilities account with the Omaha Public Schools:

1. **COMPLIANCE WITH CODE OF CONDUCT.** The student shall comply with all aspects of the Student Code of Conduct, including the Behavior Rules for Students Using School Computers and Networks
2. **RESTRICTED USE.** The account is only to be used by the student to whom the account belongs and who shall use his or her account in accordance with OPS policy and instructions and directions from his or her teacher(s). Incidental personal use is acceptable, provided such use does not excessively burden the electronic mail system or the OPS computing facilities.
3. **PASSWORD AND RESPONSIBILITY.** The student shall not disclose his or her account password to anyone other than to his or her parent(s). Students are responsible for any use of computing facilities made by or through their account. Students are also responsible for whatever is contained in computer files assigned to them.
4. **MONITORING.** The school exercises exclusive control over its computer and data storage and transfer devices. The student shall not expect privacy regarding his or her account because school property is subject to search and inspection at any time by school officials. This search and inspection includes, but is not limited to electronic email, Internet access, network access, file storage and transfer. The student is responsible for the content of any computer file assigned to him or her.
5. **TERM AND TERMINATION OF ACCOUNT.** The student account shall remain active until terminated as set forth in this paragraph. If the student violates any of the terms or conditions set forth above, the student's computing facilities account may be terminated for cause. Administrators will make a contact in writing and, if possible, verbally, to inform the parent of such termination. In addition, a student account may be administratively terminated if the student withdraws, graduates, or is suspended from school or at the expiration of a semester or school year. The student may reapply for a computing facilities account upon reenrollment or at the commencement of the next school term.

Rights of Inspection and Review

The Family Educational Rights and Privacy Act (FERPA) affords parent(s)/guardian(s) the right to inspect and review the student's education records. Parent(s)/guardian(s) should submit to the school principal a written request that identifies the record(s) they wish to inspect. The principal will make arrangements for access and notify the parent of the time and place where the records may be inspected.

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Parent -This form does not need to be returned

School - Forward form to IMS only if written notification requesting an "opt out" is attached.



OMAHA PUBLIC SCHOOLS
Health
2022-23

Student Information

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

Parent/Guardian Name: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian Name: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact/Relationship: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact/Relationship: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

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: _____

Medication Permission forms are available at the school office. A written health care provider order is required for any medication a student will need to take during school hours.

Immunization Information

*In order for your child to attend school, immunization documentation needs to be on file at the school by the first day of attendance. If immunization documentation is **NOT** complete, the student **MUST** see the school nurse or designee before enrollment can be completed.*

Please provide your school nurse with updated immunization records for any immunizations given.

Other Physical or Emotional 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 case of cardiac arrest by a student, an Automated External Defibrillator (AED) will be used by staff trained in CPR/AED. If a student sustains a life-threatening breathing emergency or severe systemic allergic reaction (anaphylaxis), Epinephrine will be administered by trained staff. Emergency Medical Services (EMS) will be called. Nebulized albuterol may be administered while waiting for EMS.

Please Complete Health History on Next Page

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OMAHA PUBLIC SCHOOLS
Health History
2022-23

Student Name: _____

Perinatal and Development History

1. Was your child born prematurely (less than 30 weeks)? No Yes
 If yes, explain briefly: _____ Birth Weight _____
2. List any birth defects or developmental problems: _____

Health Conditions (Please check those that pertain to your child)

- | | | |
|---|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney/Bladder Problems |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Lead Poisoning |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Emotional/Mental Health | <input type="checkbox"/> Menstrual Cramps (severe) |
| <input type="checkbox"/> Birth Defect | <input type="checkbox"/> Epilepsy or Seizures | <input type="checkbox"/> Nosebleeds (frequent) |
| <input type="checkbox"/> Bowel Problem | <input type="checkbox"/> Growth Disorder | <input type="checkbox"/> Overweight |
| <input type="checkbox"/> Cancer/Leukemia | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Recurrent Headaches |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Color Blindness | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Shunt |
| <input type="checkbox"/> Concussion History | <input type="checkbox"/> Hyperactivity/ADD | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Joint Problems | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Other (Please Explain) _____ | | |

Illness (Please explain each Yes Answer)

1. Does your child have a medical home (place used for medical care)? No Yes
 Name of doctor/health care provider _____
 Phone number _____
2. Does your child currently have health insurance? No Yes
 _____ Medicaid _____ Kids Connection _____ Private Insurance
3. Does your child have a dental home? No Yes
 Name of dentist _____
 Phone number _____
 How often does your child have teeth cleaning? _____ 6 months _____ 12 months _____ Doesn't get
4. Has your child had vision problem(s)? No Yes
 If yes, when last fitted for glasses? _____
5. Has your child had surgery or been hospitalized? No Yes
 If yes, please specify _____
6. Has your child had any injuries/accidents (fractures, head injury, etc.)? No Yes
 If yes, please specify _____

Current Health Status

1. Does your child have a health condition now under treatment? No Yes
 If yes, please specify _____
2. Does your child have any physical activity limitation? No Yes
 If yes, please specify _____

For Head Start OnlyIs your child toilet trained? No Yes**Person Completing Health History**

Completed by: _____ Date _____

Relationship to child: _____

This form will be given to the Nurse after registration

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):	
Home Address:	City:	Zip:
Gender: M / F	Birth Date (mm/dd/yyyy): / /	
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: <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to Student:
Home Phone:	Work Phone:	Cell Phone:
Email:	May we text your cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Second Parent/Guardian		
Parent Last Name (legal):		Parent First Name (legal):
Parent Middle Name (full):		Parent Birthdate (mm/dd/yyyy):
Parent/Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to Student:
Home Phone:	Work Phone:	Cell Phone:
Email:	May we text your cell phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
School Based Health Services		
<p>School-based health services (SBHS) will be available at your child's school or a nearby school. These services will be provided by OneWorld Community Health Centers (OWCHC), Charles Drew Health Center (CDHC), UNMC, Creighton University (Creighton), Children's Hospital & Medical Center (Children's) or other contracted service providers. The school nurse will coordinate care with the school-based health service providers once your child is enrolled.</p> <p>SBHS will coordinate care with your child's primary care provider, dentist, optometrist/ophthalmologist and/or behavioral health provider. If you have private health insurance or Medicaid, SBHS providers will bill your insurance carrier for services provided. If you do not have health insurance, the SBHS provider will assist families with enrollment in Medicaid, if eligible.</p>		
School Based Health Centers		
<p>School Based Health Centers (SBHC): ability to screen health status, test for, diagnose and treat common conditions, e.g., sore throats, minor injuries, headaches, immunizations, ear infections, and diseases such as hepatitis, tuberculosis and sexually transmitted diseases. Nebraska state law allows students to choose whether a parent will be notified of a student's care related to sexually transmitted infections. The SBHC will not provide emergency services. The SBHC may provide behavioral and/or psychiatric services and may also include the use of telehealth technology.</p> <p>To enroll your child in SBHC and allow OPS to give SBHC staff confidential information for diagnosis and treatment, a signed enrollment and consent form must be on file with OPS and the SBHC provider. The SBHC staff will attempt to contact you regarding your child's visit and services provided.</p> <p>By signing this enrollment and consent form, you consent to the following:</p> <ul style="list-style-type: none"> I authorize OneWorld Community Health Center and Charles Drew Health Center to examine and treat my child with school-based health services, and I understand that no guarantee has been made as to the results of such examinations and treatments. I authorize OPS staff, including the school nurse, to release the following student information to the School Based Health Centers identified above so that they can provide services and conduct program evaluation: family and emergency contact information, state student number, attendance and disciplinary records, schedule, immunization history, results of health screenings such as hearing and vision, psychological evaluations, special education (IEP-MDT) records, Section 504 Accommodation Plan, and information regarding any health condition, such as seizures, allergies, concussions or asthma. 		
Dental Services		
<p>Dental Services: Where required by law, OPS provides dental screening services conducted by parties contracting with OPS. Services may include oral health education, screenings, fluoride varnish application, preventative care/cleaning, restorative/corrective care, and use of telehealth technology. OPS may provide dental screenings in addition to those required by law. By signing this consent form, you consent to the following:</p> <ul style="list-style-type: none"> I authorize UNMC, OWCHC, CDHC, Creighton and/or other contracted provider to examine and treat my child with dental screenings and follow-up treatment, and I understand that no guarantee has been made as to the results of such examinations and treatments. I authorize OPS staff, including the school nurse, to release the following student information to the identified dental service providers so they can provide services and conduct program evaluation: family contact information, state student number, schedule, and results of dental screenings. 		
Vision Services		
<p>Vision Services: Where required by law, OPS provides vision screening services conducted by parties contracting with OPS. OPS may provide vision screening services in addition to those required by law. Services may include screening, examination, treatment and/or corrections such as eyeglasses, and may include telehealth. By signing this consent form, you consent the following:</p> <ul style="list-style-type: none"> I authorize Children's and/or other contracted provider to examine and treat my child with vision screenings (where OPS is not required by law to provide the screenings) and exams, and I understand that no guarantee has been made as to the results of such examinations and treatments. I authorize OPS including the school nurse, to release the following student information to the identified vision service providers so they can provide services and conduct program evaluation: family contact information, state student number, schedule, and results of vision screenings and exams. 		
<p>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.</p>		
School Based Health Centers	<input type="checkbox"/> No <input type="checkbox"/> Yes	I authorize OneWorld Community Health Center and Charles Drew Health Center to examine and treat my child as described above. I further authorize OPS to release information as described above.
Dental Services	<input type="checkbox"/> No <input type="checkbox"/> Yes	I authorize my child to receive dental services through UNMC, OWCHC, CDHC and/or Creighton. I further authorize OPS to release information as described above.
Vision Services	<input type="checkbox"/> No <input type="checkbox"/> 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/Guardian Signature	 Relationship to Child	 Date

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