

In order to request a new school placement, or to request transportation, please read and complete this form.

- Reason(s) for the transfer request:** New to OPS Transportation Returning to OPS Transfer to different school
- Change of Address – pick one: *this student only* *entire household*
- Other: *please explain your reason on the back*

Section A – Transfer Considerations:

One or more of the following conditions may affect the approval or denial of the transfer:

1. If your student participated in School Selection for the **2024-25** school year, received one of the choices and your family has not moved, approval of this request is unlikely. Once a choice is approved, a *one-year commitment* to the selected school is expected.
2. CAPACITY – schools and/or grade levels may be closed due to capacity.
3. ATTENDANCE – Omaha Public Schools may consider the student’s attendance history prior to approval.
4. BEHAVIOR – Omaha Public Schools may consider the student’s behavior record prior to approval.
5. ENROLLMENT HISTORY - Omaha Public Schools may consider the student’s enrollment history prior to approval.
6. TIME of the YEAR – Transferring students while the academic semester is in session may cause a substantial disruption to the student’s academic progress. Unless a student has moved, approval of a transfer request is unlikely during the academic term. This includes requests for the neighborhood school, which can be delayed to the next term.

Please visit ops.org/sap to learn more about the Partner Plans

Section B – Student Data: GENDER: _____ DATE OF BIRTH: _____ 2024 -2025 GRADE: _____

STUDENT LAST NAME: _____ STUDENT FIRST NAME: _____

ADDRESS : _____ APT# _____ CITY: _____ ZIP: _____

SCHOOL THE STUDENT IS CURRENTLY ASSIGNED TO FOR THE 2024-25 SCHOOL YEAR? _____

SCHOOL YOU ARE REQUESTING A TRANSFER TO: _____

Does this student have a sibling attending the requested school? Name: _____

Is your student currently (check all that apply):

- Receiving Special Education Services? Receiving ESL (English Second Language) Services?
- A ward of the State/or Court?

Certification & Signature:

I certify that all information submitted on this request form is true and accurate.

PRINTED NAME OF PARENT/GUARDIAN: _____ DATE: _____

SIGNATURE: _____ BEST PHONE # _____

PREFERRED LANGUAGE: English Other: _____ ALT. PHONE # _____

eMail Address (optional) : _____

*Please list your contact information if you are a **translator** helping this family:* _____

(Over)

Date:

Student #:

First Name:

Last Name:

Transportation Eligibility for Elementary & Middle School Please visit ops.org/sap to learn about the Partner Plans

- Students are eligible for transportation IF they attend their neighborhood school AND reside more than 1.5 mile from their elementary school or more than 2.0 miles from their middle school.
- Students are eligible for transportation IF they attend one of their Partner Zone schools AND reside more than 1.5 mile from that elementary school or more than 2.0 miles from that middle school.
- Students are NOT eligible for transportation IF they attend any school outside of their Partner Zone. *Exception may be made IF the student has an IEP requiring transportation.*

Transportation Eligibility for High School

Neighborhood transportation is for eligible students who attend their neighborhood (home) school.

- Instead of using distance, the High School Partner Plan uses streets to identify transportation areas in each high school boundary.
- Each transportation area identified is an area that is generally located farthest away from the school.
- Visit: ops.org/sap to determine your transportation eligibility.

Non-neighborhood transportation is for students who attend a school other than their home (neighborhood) high school.

- Students are eligible for transportation at the schools in their partner zone and the plus+one school.
- Transportation is NOT provided if you attend a non-Partner Zone school.

After June 15th transportation eligibility is subject to the above conditions and there must be (1) an existing bus stop with a safe walk to the stop AND (2) space available on the bus.

District Office Use Only	Placement Administrator: _____
Comments: _____ _____ _____	
Placement School: _____	Date: _____
Family contacted by: <input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> In person <input type="checkbox"/> eMail	
Schools notified by: <input type="checkbox"/> Phone <input type="checkbox"/> eMail	
Infinite Campus: <input type="checkbox"/> Placement Change <input type="checkbox"/> Contact Log	STR Approved? <input type="checkbox"/> YES <input type="checkbox"/> NO

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).

FOR MORE INFORMATION, PLEASE VISIT ops.org/sap
CONTACT STUDENT PLACEMENT AT 531-299-0302
FAX: 531-299-0397

eMail: studentplacement@ops.org

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