# OMAHA PUBLIC SCHOOLS

## Student Enrollment - Secondary

### Family Census

**2018-19**

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### Student Number(s)

Student Number(s) __________________

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### Household #1

<table>
<thead>
<tr>
<th>Residential Address:</th>
<th>Apt. #</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

Mailing Address (if different):  

City:  
State:  
ZIP:  

---

### Parent/Guardian Information

**Parent Last Name (legal):**  
**First Name:**  
**Middle Name:**  
**Gender:**  
**Birth Date:**  

Parent/Legal Guardian:  
Yes / No  

Relationship to Student:  

Email Address:  

Cell: (                      )  

Work Phone: (                      )  

Place of Employment:  

---

### Ethnicity (choose one):

- ☐ Hispanic/Latino  
- ☐ Not Hispanic/Latino  

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

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

### Parent Last Name (legal):

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Gender</th>
<th>Birth Date</th>
</tr>
</thead>
</table>

---

### Household #2

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

Address:  

City:  
State:  
ZIP:  

Mailing Address (if different):  

City:  
State:  
ZIP:  

---

### Parent/Guardian Information

**Parent Last Name (legal):**  
**First Name:**  
**Middle Name:**  
**Gender:**  
**Birth Date:**  

Parent/Legal Guardian:  
Yes / No  

Relationship to Student:  

Email Address:  

Cell: (                      )  

Work Phone: (                      )  

Place of Employment:  

---

### Ethnicity (choose one):

- ☐ Hispanic/Latino  
- ☐ Not Hispanic/Latino  

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

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

### Parent Last Name (legal):

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Gender</th>
<th>Birth Date</th>
</tr>
</thead>
</table>

---

### Other Students in the household(s)

- Include anyone for whom the listed adults are responsible: (children, stepchildren, foster children, foreign exchange student, etc.)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Date of Birth</th>
<th>Member of Household #1</th>
<th>Member of Household #2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
</tbody>
</table>

Please provide a copy of court decree/parenting plan if there are restrictions related to the student.
Student Name(s) (con't)

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.

<table>
<thead>
<tr>
<th>Contact #1</th>
<th>Contact #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td>Last Name:</td>
</tr>
<tr>
<td>First Name:</td>
<td>First Name:</td>
</tr>
<tr>
<td>Gender: M / F</td>
<td>Gender: M / F</td>
</tr>
<tr>
<td>Birth Date:</td>
<td>Birth Date:</td>
</tr>
<tr>
<td>Relationship to Student:</td>
<td>Relationship to Student:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Home Phone: ( )</td>
<td>Home Phone: ( )</td>
</tr>
<tr>
<td>Work Phone: ( )</td>
<td>Work Phone: ( )</td>
</tr>
<tr>
<td>Cell Phone: ( )</td>
<td>Cell Phone: ( )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact #3</th>
<th>Contact #4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td>Last Name:</td>
</tr>
<tr>
<td>First Name:</td>
<td>First Name:</td>
</tr>
<tr>
<td>Gender: M / F</td>
<td>Gender: M / F</td>
</tr>
<tr>
<td>Birth Date:</td>
<td>Birth Date:</td>
</tr>
<tr>
<td>Relationship to Student:</td>
<td>Relationship to Student:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Home Phone: ( )</td>
<td>Home Phone: ( )</td>
</tr>
<tr>
<td>Work Phone: ( )</td>
<td>Work Phone: ( )</td>
</tr>
<tr>
<td>Cell Phone: ( )</td>
<td>Cell Phone: ( )</td>
</tr>
</tbody>
</table>

FOR OFFICE USE ONLY

Address Verification Confirmed by:
<table>
<thead>
<tr>
<th>OPPD Bill</th>
<th>MUD Bill</th>
<th>Lease/Purchase Agreement</th>
<th>Superintendent's Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other: ___________________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Residency Affidavit: Testimonial that the student’s family resides at the above address with:

Name __________________________________________

Relationship ________________________________

Resident Signature ____________________________

Parent Signature ______________________________

Census Information Reviewed by:

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 individual has been designated to handle inquiries regarding the non-discrimination policies: Director for the Office of Equity and Diversity, 3215 Cuming St, Omaha, NE 68131 (531-299-9765).
### Student Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Last Name (legal)</td>
<td></td>
</tr>
<tr>
<td>Student Name Suffix (Jr, III, etc)</td>
<td></td>
</tr>
<tr>
<td>Student First Name (legal)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>M, F</td>
</tr>
<tr>
<td>State/Country of Birth</td>
<td></td>
</tr>
<tr>
<td>Student Middle Name (full)</td>
<td></td>
</tr>
<tr>
<td>Birth Date (month/day/year)</td>
<td><em><strong>/</strong></em>/____</td>
</tr>
</tbody>
</table>
Demographics and Instructions (con't)

Student Name:

Student Activity Cards

Secondary students may purchase an Omaha Public Schools (OPS) Secondary Activity Card for $45.00 (High School) or $15.00 (Middle School). This card will admit them, at no additional cost, to OPS high school and middle school activities and athletic events provided the student is eligible to attend (middle school students must be accompanied by a parent at high school events). There is a $5.00 replacement fee for lost cards.

The fee may be waived and the OPS Secondary Activity Card issued at no cost if your child qualifies for free or reduced price lunch. In order to qualify for the fee waiver, you must either give your permission to use the information you provide for free and reduced price lunch or complete a Fee Waiver Application.

Please check the box below that applies:

☐ I do not want an Activity Card.

☐ I want to purchase an Activity Card for my child. I have enclosed $45.00 (high school) or $15.00 (middle school) for the cost of this card (Make checks payable to Douglas County School District 001).

☐ I want to get an Activity Card using a fee waiver. Check only ONE of the following options.

☐ OPS may use my child’s free/reduced lunch status to qualify for this waiver.

☐ DO NOT use my child’s free/reduced lunch status. I prefer to complete a Fee Waiver Application. (Contact your child’s school, or call 531-299-9724 to obtain a copy of the Fee Waiver Application.)

Student Name: _______________________________________  Student #:__________________  School:  __________________________

Parent/Guardian Signature:______________________________________________________ Date: __________________

Public Information Consent For News Media Release

Please respond to each of the following

1. ☐ No  ☐ Yes  I give permission for the Omaha Public Schools to include my child’s name/photo in videos, printed materials, District web pages and District social media posts. I understand that the Omaha Public Schools will use these materials 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.

2. ☐ No  ☐ Yes  I give permission for the Omaha Public Schools to provide my child’s name/photo for use in media stories about the Omaha Public Schools, including media web pages and social media posts. I understand that the Omaha Public Schools will provide these materials 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.

Parent/Guardian 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.

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:

☐ Address Verification  Date Requested  Date Received

☐ Birth Certificate

☐ Immunization Records

☐ Physical

☐ Cumulative File

☐ Other: __________________________  __________________________

Student’s Legal Name and 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 Cuming Street, Omaha, NE 68131 (531-299-9822). The following individual has been designated to handle inquiries regarding the non-discrimination policies: Director for the Office of Equity and Diversity, 3215 Cuming St, Omaha, NE 68131 (531-299-9765).

S 10071-7
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 who resides in this school district at _________________________________________.

☐ I state that I am the child’s parent, or

☐ I state that 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):

   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 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 Work Place/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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Family Educational Rights To Privacy Act (FERPA)

Family Educational Rights To Privacy Act (FERPA) permits designated Directory Information to be disclosed without written consent from a parent/guardian unless the parent/guardian provides 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 attendance, current and most recent educational agency or institution attended, major field of study, degrees, 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:

- Graduation programs
- The annual yearbook
- A playbill, showing a student's role in a drama production
- Honor roll or other recognition lists
- Sports activity programs showing weight and height of athletic team members

☐ No  ☐ Yes  I give permission for OPS to release Directory Information.

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
- College Recruiters
- Senior portrait photographers
- News article on student achievements
- College Recruiters
- Senior portrait photographers
- News article on student achievements

☐ No  ☐ Yes  I give permission for OPS to release address, phone number 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 OPS to release name, address and telephone number to military recruiters.

☐ No  ☐ Yes  I give permission for 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)
- The Links, Inc. (Coltillion)
- Metro Community College (Men of Distinction Summit)
- The Community Academic Achievement Awards Committee

☐ 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:
- College Possible (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  ____________

Collaboration with United Way of the Midlands

OPS contracts with the United Way of the Midlands (UWM) to store certain directory and non-directory student information in the UWM 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; (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; and (iv) OPS may share non-directory information with school based health center staff if a student visits a center due to a health issue and the parent has not yet enrolled the student, but the parent will be promptly contacted in such case.

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, 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.

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 Boys 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 (531-299-8202). The following individual has been designated to handle inquiries regarding the non-discrimination policies: Director for the Office of Equity and Diversity, 3215 Cuming St, Omaha, NE 68131 (531-299-9765).

Parent - Return this form to your child’s school  School - Forward form to SIS  S 10071-11
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 use 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 as part of a wide-area network such as the internet is a privilege, not a right and 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.

Children’s Online Privacy Protection Act (COPPA)

The Omaha Public Schools may contract with publishers or other third-party website operators to provide online curriculum that aligns with district standards or other services that support the teaching and learning processes of the district. These websites are offered for the benefit of the students and for the school system, e.g., homework help lines, web-based testing services, and supplemental curriculum. Website operators provide the Omaha Public Schools with full notice of their collection, use and disclosure practices. The use of the website and the collection of any information from students are solely for the use and benefit of the school, and for no commercial purpose.

Infinite Campus Portal Accounts for Students and Parents/Guardians

The Infinite Campus Portal provides students and their parents/guardians access to a website to view student information. The Portal enhances 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, periodic 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.
- The Portal should only be accessed through a secure Internet connection.
- Students 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; deny access to the Portal; terminate the Portal; and, electronically record and monitor use of the Portal.

Account Setup:

- Students will be able to access their Portal accounts using their network username and password.
- Parents/guardians may request an account by contacting the school. Account setup 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, instruction and communication. These email accounts will be one of two types:

- **Limited access, also called internal only - communication allowed only within the Omaha Public School District, or
- **Full access, also called internal and external - 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.

- **Middle school and high school students** will be provided with full access allowing for both internal and external communication.

Although it is strongly recommended that middle and 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.

- **Elementary school students** may be provided with limited email access, allowing for internal 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. **RIGHTS & 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 mail, 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. **DISK STORAGE.** Quotas will be established and must be observed for any file disk storage made available to students. Such files are subject to deletion from the system or computer without notice to the student.

6. **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.

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, or any other status, including those that are protected by federal or state law or otherwise (collectively referred to as "protected statuses"). The school shall not use protected status as a basis for any of its actions. However, as an educational institution, the school reserves the right to discriminate on the basis of an individual's grade level for purposes of providing appropriate educational services.

The following individual has been designated to accept allegations regarding non-discrimination policies: Superintendent of Schools, 3215 Cuming Street, Omaha, NE 68131 (531-399-9823). The following individual has been designated to handle inquiries regarding the non-discrimination policies: Director for the Office of Equity and Diversity, 3215 Cuming St, Omaha, NE 68131 (531-289-9765).

Parent - This form does not need to be returned School - Forward form to IMS only if written notification requesting an "opt out" is attached.

S 10071-13
OMAHA PUBLIC SCHOOLS
Health
2018-19

Student Information

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

Mother/Guardian Name: ____________  Home Phone: ____________  Cell Phone: ____________  Work Phone: ____________

Father/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 any medication at home?  □ Yes □ No
If yes, please list the medication(s): ______________________________________________________________

Does your child need to take medication during school?  □ Yes □ No
If yes, please list the medication(s): ______________________________________________________________

Medication Permission forms are available at the school office. This form must be completed 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.

Other Physical or Emotional Health Needs

________________________________________________________________________________________

________________________________________________________________________________________

Parent/Guardian Signature: ____________  Date: ____________

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 asthma attack or severe 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

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 individual has been designated to handle inquiries regarding the non-discrimination policies: Director for the Office of Equity and Diversity, 3215 Cuming St, Omaha, NE 68131 (531-299-9765).
OMAHA PUBLIC SCHOOLS
Health History
2018-19

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)

□ Allergies □ Diabetes □ Kidney/Bladder Problems
□ Anemia □ Eating Disorders □ Lead Poisoning
□ Asthma □ Emotional/Mental Health □ Menstrual Cramps (severe)
□ Birth Defect □ Epilepsy or Seizures □ Nosebleeds (frequent)
□ Bowel Problem □ Growth Disorder □ Overweight
□ Cancer/Leukemia □ Hearing Problems □ Recurrent Headaches
□ Cerebral Palsy □ Heart Problems □ Scoliosis
□ Color Blindness □ Hemophilia □ Shunt
□ Concussion History □ Hyperactivity/ADD □ Sickle Cell Disease
□ Dental Problems □ Joint Problems □ Skin Problems
□ 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 Only

   Is 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

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