

2025-2026 MCKINNEY-VENTO STUDENT ENROLLMENT FORM *(ONE FORM PER STUDENT or FAMILY)*

PARENT(S)/GUARDIAN(S)/AGENCY INFORMATION:				LEGAL GUARDIAN(S)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
First Name: _____ Middle: _____ Last Name: _____ Gender: _____ Birthdate: _____							
First Name: _____ Middle: _____ Last Name: _____ Gender: _____ Birthdate: _____							
Resides at: _____				Previous Residence: _____		City: _____ State: _____	
Best Phone: _____				Email: _____			
AGENCY: _____		NAME: _____			PHONE: _____		
<i>Note: School Transportation for students in the program <u>may</u> be provided by Omaha Public Schools, ZUM Transportation Services, Metro Area Transit (at parent/student discretion). <u>Limited</u> Late Activities Busing is offered based on availability.</i>							

STUDENT NAME _____							
First		Middle		Last		Suffix (Jr, etc.)	
Grade: _____		Race: _____		Gender: _____		Is the student currently enrolled in Omaha Public Schools? _____	
LAST SCHOOL ATTENDED: _____				City _____		State _____	
Last Date attended: _____							
DOES THIS STUDENT: Receive Special Education Services: _____ Receive EL Services: _____							
Is the student currently receiving SPED Transportation? Yes: <input type="checkbox"/> No <input type="checkbox"/>							
IMMUNIZATION RECORDS: Does the parent have immunization records in his/her possession? <input type="checkbox"/> Yes <input type="checkbox"/> No							
*Parent is <u>REQUIRED</u> to provide student immunization records to school of attendance in a timely manner.							

STUDENT NAME _____							
First		Middle		Last		Suffix (Jr, etc.)	
Grade: _____		Race: _____		Gender: _____		Is the student currently enrolled in Omaha Public Schools? _____	
LAST SCHOOL ATTENDED: _____				City _____		State _____	
Last Date attended: _____							
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DOES THIS STUDENT: Receive Special Education Services: _____ Receive EL Services: _____							
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This form will be used by OPS to determine eligibility for school placement, transportation, free lunch, address update/change and release of information; as outlined by the McKinney Vento Homeless Education Act. The application will be reviewed, and parents and staff will be contacted by the Liaison regarding eligibility for program participation, transportation options, and related information.

Submitted by (Staff Name): _____ Phone (Agency): _____ Date: _____

Fax or Email to Rachel Evans/OPS Homeless Education Program: F: (531) 299-0397 or Email: Rachel.Evans@ops.org