

2024-2025 MCKINNEY-VENTO STUDENT ENROLLMENT FORM (ONE FORM PER STUDENT/FAMILY)

PLEASE PRINT and / or WRITE legibly (*delays in services may occur if information is not accurate/legible)

PARENT(S)/GUARDIAN(S)/AGENCY INFORMATION:		LEGAL GUARDIAN(S)? ___Yes___No		
First Name:	Middle:	Last Name:	Gender:	Birthdate:
First Name:	Middle:	Last Name:	Gender:	Birthdate:
Resides at _____		Previous Residence: City _____		State _____
Day Phone _____	Evening Phone _____	Cell Phone _____		
CASE WORKER (Shelter, HHS, or other; if applicable)				
AGENCY:		NAME:		PHONE:

Note: School Transportation for students in the program may be provided by Omaha Public Schools, Student Transportation of America (STA), Eastern Nebraska Community Action Partnership (ENCAP), Chief Busing Company, Metro Area Transit (at parent/student discretion).

*School Transportation is **NOT GUARANTEED**.

Limited Late Activities Busing is offered based on availability.

STUDENT NAME _____ / ____ / ____						
Grade _____	First _____	Middle _____	Last _____	Suffix (Jr, etc.) _____	Birth Date _____	School Requested _____
Race _____	Gender _____	Has student ever attended an Omaha Public School? _____				
LAST SCHOOL ATTENDED: (Check one): <input type="checkbox"/> An Omaha Public School: <i>Name of school</i> _____						
Last date attended _____ <input type="checkbox"/> A school outside of OPS: <i>Identify School Name/City/State:</i> _____						
DOES THIS STUDENT: Receive Special Education Services <input type="checkbox"/> Receive ESL Services <input type="checkbox"/>						
Ward of the State <input type="checkbox"/> <i>If so, does the parent have a current Superintendent's Letter?</i> ___Yes___No						
Is the student currently receiving or does the student have SPECIAL BUSING NEEDS (Special Education Busing, Medical Needs Busing, etc.) <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No						
IMMUNIZATION RECORDS: <i>Does the parent have immunization records in his/her possession?</i> ___Yes___No						
*Parent is REQUIRED to provide student immunization records to school of attendance in a timely manner.						

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This FORM serves as a Release of Information for student/family, a request for enrollment into the OPS Homeless Education Program, application for free meals, a request to change of address/information and a request for school transportation.

Submitted by (Staff Name) _____ Phone (Agency) _____ Date ____/____/____