



# OMAHA STREET SCHOOL STUDENT APPLICATION FORM

DATE: \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_ Male/Female (Circle one)

Birth date \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

## FAMILY INFORMATION

### PARENT/GUARDIAN INFORMATION

Guardian's Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Email Address \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Emergency Contact's Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Email Address \_\_\_\_\_

**Answering these questions is optional and used only for demographic tracking**

**purposes:**

Race \_\_\_\_\_

Who do you reside with? (circle one)

Parent          Grandparent          Older Sibling          Foster Parent          Other

Do you have children? Y or N

**ACADEMIC INFORMATION**

How did you hear about the Street School? \_\_\_\_\_

Last School Attended \_\_\_\_\_

School District (If other than OPS) \_\_\_\_\_ Last Grade Attended \_\_\_\_\_

Reason for leaving last school \_\_\_\_\_

If expelled, how long \_\_\_\_\_

Do you plan to return? \_\_\_\_\_ If so, when? \_\_\_\_\_

How was your academic work while in school? \_\_\_\_\_

**MEDICAL INFORMATION**

Insurance  
Company \_\_\_\_\_

Insurance/Medicaid number \_\_\_\_\_

List any physical problems or  
allergies \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any prescription drugs you take \_\_\_\_\_

\_\_\_\_\_

Are you now, or have you ever been, in counseling, mental health therapy or a mental  
institution? \_\_\_\_\_ If so, please explain and list the name and number of

medical professional \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had a chemical dependency evaluation in the last 6 months? \_\_\_\_\_

If so, administered by whom? \_\_\_\_\_ Phone \_\_\_\_\_

**ADJUDICATION INFORMATION**

Have you ever been involved in a criminal case, including charges in a juvenile court? \_\_\_\_\_

If so, please explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been incarcerated for any reason? \_\_\_\_\_

If so, please explain \_\_\_\_\_

Please fill in for all applicable personnel

Case Worker's name \_\_\_\_\_ Phone \_\_\_\_\_

Probation officer's name \_\_\_\_\_ Phone \_\_\_\_\_

Tracker's name \_\_\_\_\_ Phone \_\_\_\_\_

**I have read the student handbook and agree with the rules, regulations and tuition polices stated therein.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**The Omaha Street School admits students of any race, color and national or ethnic origin to all the rights and privileges, programs and activities generally accorded or made available to the students at this school. It does not discriminate on the basis of race, color and**

**national origin in the administration of its educational policies and other school administrative programs.**