



Scholar Enrollment Application
6316 North 30th Street, Omaha, NE 68111

"Nelson Mandela Elementary School admits students of any race, color, national and ethnic origin, religion, gender or sexual orientation to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs."

Scholar Last Name: Scholar First Name DOB Gender

Home Address: Apt.#

City: State: ZIP: Home Phone: ( )

Scholar Social Security # Mailing Address: (if different)

Ethnicity (choose one): Race (choose one or more, regardless of ethnicity):
Hispanic/Latino Native American or Alaskan Asian Black or African American
Not Hispanic/Latino Native Hawaiian or Other Pacific Islander White

Parent/Guardian Information - (Parent(s)/Guardian(s) living at the above address)

Last Name: First Name: Middle Name:

Gender: Birth Date: Legal Guardian: Relationship to Scholar:

Home Phone: Cell Phone: Work Phone: Place of Employment:
\*\*Check Which Phone Best to Call
\*\*Best Time to Call:

Email: \*\*Call or Text?

High School Attended: Year Graduated: GED Attainment:

Ethnicity (choose one): Race (choose one or more, regardless of ethnicity):
Hispanic/Latino Native American or Alaskan Asian Black or African American
Not Hispanic/Latino Native Hawaiian or Other Pacific Islander White

Last Name: First Name: Middle Name:

Gender: Birth Date: Legal Guardian: Relationship to Scholar:

Home Phone: Cell Phone: Work Phone: Place of Employment:
\*\*Check Which Phone Best to Call
\*\*Best Time to Call:

Email: \*\*Call or Text?

High School Attended: Year Graduated: GED Attainment:

Ethnicity (choose one): Race (choose one or more, regardless of ethnicity):
Hispanic/Latino Native American or Alaskan Asian Black or African American
Not Hispanic/Latino Native Hawaiian or Other Pacific Islander White

Parent (s) Not Living with Student  Check here to have student mailings sent to this address also.

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

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Legal Guardian:  Relationship to Scholar: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ \*\*Check Which Phone Best to Call

Cell Phone ( ) \_\_\_\_\_ \*\*Best Time to Call: \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Place of Employment \_\_\_\_\_

Email: \_\_\_\_\_ \*\*Call or Text? \_\_\_\_\_

High School Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ GED Attainment: \_\_\_\_\_

Ethnicity (choose one): Hispanic/Latino Not Hispanic/Latino  
Race (choose one or more, regardless of ethnicity): Native American or Alaskan Asian Black or African American Native Hawaiian or Other Pacific Islander White

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

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Legal Guardian:  Relationship to Scholar: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ \*\*Check Which Phone Best to Call

Cell Phone ( ) \_\_\_\_\_ \*\*Best Time to Call: \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Place of Employment \_\_\_\_\_

Email: \_\_\_\_\_ \*\*Call or Text? \_\_\_\_\_

High School Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ GED Attainment: \_\_\_\_\_

Ethnicity (choose one): Hispanic/Latino Not Hispanic/Latino  
Race (choose one or more, regardless of ethnicity): Native American or Alaskan Asian Black or African American Native Hawaiian or Other Pacific Islander White

### Emergency Contacts (Other Than Parents or Guardians)

Contact #1	
Last Name:	Place of Employment
First Name:	Home Phone: ( ):
Gender: DOB:	Cell Phone: ( )
Relationship to Scholar:	Work Phone: ( ):
Address:	

Contact #2	
Last Name:	Place of Employment
First Name:	Home Phone: ( ): _____
Gender: _____ DOB: _____	Cell Phone: ( ) _____
Relationship to Scholar:	Work Phone: ( ): _____
Address: _____	

**Student's Previous Education Experience and Information for School Lunch Program**

Enrolling in grade: \_\_\_\_\_

Did scholar attend pre-school: (circle one)      Yes      No      Name of pre-school \_\_\_\_\_

Has your child ever attended another school? \_\_\_\_\_ Yes No

Name of last school and year attended: \_\_\_\_\_

City/state of last school attended: \_\_\_\_\_

Does scholar currently have an IEP, IFSP or 504 accommodation plan (circle plan) \_\_\_\_\_ Yes No

Does scholar have dietary restrictions?    Yes    No    If yes, please list \_\_\_\_\_

\_\_\_\_\_

If Household qualifies for SNAP, TANF or FDPIR, enter Master Case Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Documentation Obtained:	Date Requested	Date Received
____ Address Verification	_____	_____
____ Birth Certificate	_____	_____
Birth Certificate Number: _____		
____ Immunization Records	_____	_____
____ Physical	_____	_____
____ Cumulative File	_____	_____
____ Other: _____	_____	_____

Scholar's Legal Name and Birth Date Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ Grade: \_\_\_\_\_