

JOHNSON-O'MALLEY PROGRAM

INDIAN STUDENT ENROLLMENT/CERTIFICATION OF ELIGIBILITY UNDER P.L. 93-638
CFR 273.18(K), (1)

1.

Last Name	First	Initial	Date of Birth	Grade	School

2. The student(s) listed above is/are ¼ or more degree Indian Blood.

yes no I don't know

3. Are the student(s) listed above members of a federally recognized tribe?

yes no I don't know

4.

Tribal Affiliation of	Name of Tribe	Tribal Enrollment Number
Student(s)		
Student(s)		
Student(s)		
Parent/Legal Guardian		

5. My signature certifies that the information is correct and verifies eligibility.

Print Name and Address of Parent/Legal Guardian	Signature of Parent/Legal Guardian (Signature of Student if 18 Years Old)
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(DO NOT FILL IN BELOW (Space is reserved for the Indian Education Committee))

6. The above information has been reviewed by the Parent Committee and certifies that the student(s) listed above are:

Eligible to receive JOM program services yes no

7.

Type/Print Name of Indian Education Committee Member Reviewer:	Signature of Indian Education Committee Member:
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Instructions: Copy retained by applicant agency for three years.