



JOHNSON O'MALLEY PROGRAM STUDENT CERTIFICATION FORM

STUDENT INFORMATION

Full Name (First Middle Last):

Date of Birth:

School District Attending:

Grade:

Student Mailing Address:

Student Tribal Affiliation/Reservation:

City/State/Zip:

Enrollment #:

BIOLOGICAL MOTHER'S INFORMATION

Full Name (First Middle Last):

Maiden:

Date of Birth:

☐ Non-Indian

☐ American Indian

Reservation Enrolled:

Enrollment #:

BIOLOGICAL FATHER'S INFORMATION

Full Name (First Middle Last):

Date of Birth:

☐ Non-Indian

☐ American Indian

Reservation Enrolled:

Enrollment #:

GRANDMOTHER'S INFORMATION – MATERNAL *(Only needed if parents are not enrolled)*

Full Name (First Middle Last):

Maiden:

Date of Birth:

☐ Non-Indian

☐ American Indian

Reservation Enrolled:

Enrollment #:

GRANDFATHER'S INFORMATION - MATERNAL *(Only needed if parents are not enrolled)*

Full Name (First Middle Last):

Date of Birth:

☐ Non-Indian

☐ American Indian

Reservation Enrolled:

Enrollment #:

GRANDMOTHER'S INFORMATION - PATERNAL *(Only needed if parents are not enrolled)*

Full Name (First Middle Last):

Maiden:

Date of Birth:

☐ Non-Indian

☐ American Indian

Reservation Enrolled:

Enrollment #:

GRANDFATHER'S INFORMATION - PATERNAL *(Only needed if parents are not enrolled)*

Full Name (First Middle Last):

Date of Birth:

☐ Non-Indian

☐ American Indian

Reservation Enrolled:

Enrollment #:

PLEASE CHECK ALL BOXES THAT APPLY TO THE CUSTODY/RESIDENCE OF CHILD:

☐ Natural Parent

☐ Other Family Member

☐ Legal Guardian

☐ Foster

☐ Adoptive

☐ Other (Explain):

Release of Information:

I authorize the Minnesota Chippewa Tribe (MCT) and their designated person(s) to obtain/research my child's tribal membership and/or blood quantum to determine JOM program eligibility. In the event my child should transfer schools, I further authorize the MCT JOM Program to share this certification with the new school.

Parent Signature:

Date:

Tribal Enrollment Official Use Only

TRIBAL ENROLLMENT OFFICE/VERIFICATION OF INFORMATION (Please check appropriate box):

The above-named student **does** meet the JOM eligibility criteria as determined by the BIA/BIE:

- ☐ Student is an enrolled member of the _____ Tribe OR
- ☐ Student is a 1st or 2nd generation descendant of the _____ Tribe OR
- ☐ Parent is an enrolled member of the _____ Tribe OR
- ☐ Grandparent is an enrolled member of the _____ Tribe.

The above-named student **does not** meet the eligibility criteria for the following reason(s):

- ☐ Birth Record/Birth Certificate is needed to verify enrollment.
- ☐ No information was found regarding enrollment for student/family.

Signature of Tribal Official:

Date: