

Johnson O'Malley (J.O.M.)

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

Last Name	First Name	Initial	Date of Birth	Grade	School

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

yes no I don't know

Are the student (s) listed above members of a federally-recognized tribe? If yes, complete this box→

yes no I don't know

TRIBAL NUMBER:
 Census _____
 Enrollment _____
 Allotment _____
 Other _____

Tribal Affiliation of Student (s)	Name of Tribe: _____	Name of Tribe: _____
Parent/Legal Guardian	Birth father's tribe: _____	Birth mother's tribe: _____
	Degree (how much) Indian blood: _____	Degree (how much) Indian blood: _____

My signature certifies that the information given 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)
	Date: _____

DO NOT FILL IN BELOW (Space is reserved for the Indian Education Committee)

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

Type/Print Name of Indian Education Committee Member Reviewee:	Signature of Indian Education Committee Member:
	Date: _____

Instructions: Copy retained by applicant agency for three years.