



# STUDENT CERTIFICATION FORM WHITE EARTH JOHNSON O'MALLEY PROGRAMS

PO Box 418, White Earth, MN 56591  
Phone: 218-983-3285 Fax: 218-983-3705

## STUDENT INFORMATION

<b>SCHOOL NAME:</b>		<b>GRADE:</b>
<b>Last Name:</b>	<b>First Name:</b>	<b>M.I.:</b>
<b>Date of Birth:</b>	<b>SSN (optional):</b>	<b>Home Phone: ( )</b>
<b>Student Mailing Address:</b>	<b>Student Physical Address:</b>	<b>Student Tribal Affiliation/Reservation:</b>
_____	_____	<b>Tribe:</b> _____
<b>City:</b> _____	<b>City:</b> _____	<b>Reservation:</b> _____
<b>State:</b> _____ <b>Zip:</b> _____	<b>State:</b> _____ <b>Zip:</b> _____	<b>Enrollment Number:</b> _____

## BIOLOGICAL MOTHER'S INFORMATION

<b>Last Name:</b>	<b>First:</b>	<b>M.I.:</b>	<b>Maiden:</b>
<input type="checkbox"/> Enrolled Member <input type="checkbox"/> Descendant <input type="checkbox"/> Not Applicable	<b>Tribe/Agency:</b>	<b>Date of Birth:</b>	
	<b>Enrollment Number:</b>	<b>Place of Birth:</b>	

## BIOLOGICAL FATHER'S INFORMATION

<b>Last Name:</b>	<b>First:</b>	<b>M.I.:</b>
<input type="checkbox"/> Enrolled Member <input type="checkbox"/> Descendant <input type="checkbox"/> Not Applicable	<b>Tribe/Agency:</b>	<b>Date of Birth:</b>
	<b>Enrollment Number:</b>	<b>Place of Birth:</b>

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

<input type="checkbox"/> Natural Parent	<input type="checkbox"/> Other Family Member
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Adoptive
<input type="checkbox"/> Foster	<input type="checkbox"/> Other (Explain) _____

**Release of Information:** I hereby grant permission to verify tribal membership and blood quantum for the above-named student and to release necessary information to White Earth JOM Programs. I understand the information will be used only for White Earth JOM Programs and it will be kept confidential in accordance with the Privacy Act of 1974 (P.L. 93-579, 5 U.S.C.552a). In the event my child should transfer schools, I further authorize the White Earth JOM Program to share this certification with the new school.

<b>Parent Signature:</b>	<b>Date:</b>
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## \*\*\*TRIBAL ENROLLMENT OFFICIAL USE ONLY\*\*\*

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

- The above named student meets the eligibility criteria as determined by the BIA and I hereby certify that this student is a member of or is at least one-fourth (1/4) degree of Indian blood of the tribe according to parental lineage and available records. (Please attach CIB, if applicable)
- The above named student is not an enrolled member but is a descendent of the \_\_\_\_\_ tribe and does possess a blood degree/blood quantum of \_\_\_\_\_.
- The above named student does not meet the eligibility criteria for the following reason (s):
  - Birth Record/Birth Certificate is needed to verify enrollment/blood quantum.
  - No information was found regarding enrollment/blood quantum for student/family.

<b>Signature of Tribal Official:</b>	<b>Date:</b>
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