



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

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

BIOLOGICAL MOTHER'S INFORMATION

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

BIOLOGICAL FATHER'S INFORMATION

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

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

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

Parent Signature:	Date:
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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.

Signature of Tribal Official:	Date:
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