

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

_____ Federally Recognized, State Organized Indian Group
_____ Including Alaska Native _____ Recognized _____ Terminated _____ Meeting #5 of the
_____ Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): _____ Child _____ Child's Parent _____ Child's
Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ OR

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

MINNESOTA CHIPPEWA TRIBE
JOHNSON O'MALLEY PROGRAM
INDIAN CERTIFICATION FORM

School Information:

Name of School: _____ School Address: _____

Student Information:

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____ / ____ / ____ Enrollment #: _____ Blood Quantum: _____

Tribal Affiliation: _____ Reservation: _____

Parent's Information: Mother: Indian Non-Indian / Father: Indian Non-Indian

Mother's Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____ / ____ / ____ Phone Number: (____) _____ Blood Quantum: _____

Tribal Affiliation: _____ Reservation: _____ Enrollment #: _____

Father's Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____ / ____ / ____ Phone Number: (____) _____ Blood Quantum: _____

Tribal Affiliation: _____ Reservation: _____ Enrollment #: _____

Parental Status: (Please check all boxes that apply to the custody and residence of child.)

- 1.) Natural Parent 2.) Adoptive 3.) Other Family Member
4.) Foster 5.) Legal Guardian 6.) Other (please explain): _____

Release of Information: I authorize the Minnesota Chippewa Tribe and their designated person(s) to obtain my child's tribal membership and/or blood quantum to determine eligibility for services.

In the event my child should transfer schools, I further authorize the Minnesota Chippewa Tribe Johnson O'Malley Program to share this certification form with the new school.

Parent Signature: _____ Date: _____

Verification Information: (to be certified by a Tribal Official or the Tribal Enrollment/Operations)

The ABOVE NAMED STUDENT meets the eligibility criteria as determined by the Bureau of Indian Affairs and I hereby certify that this student is a member or is at least one fourth (1/4) degree of Indian Blood descendent of a member of an Indian Tribe which is eligible for the special programs and services provided through the Bureau of Indian Affairs to Indians because of their status as Indians.

The ABOVE NAMED STUDENT does NOT meet the eligibility criteria for the following reasons: _____

Signature: _____ Date: _____

Signature of Tribal Official