

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

Mothers Last Name: _____ First Name: _____ MI: _____

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

Tribal Affiliation: _____ Reservation: _____ Enrollment #: _____

Fathers 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