

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

TRIBAL ENROLLMENT NUMBER: \_\_\_\_\_

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

Yes                       No                       I don't know

Are/is the student listed above members of a federally recognized tribe?

Yes                       No                       I don't know

Tribal Affiliation	Name of Tribe
Student	
Parent/Legal Guardian	

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
	Date: _____ Phone: _____

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 listed above are:

Eligible to receive JOM program services.       Yes                       No

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

Instructions: Copy retained by applicant agency for three years