

**MINNESOTA CHIPPEWA TRIBE
JOHNSON O'MALLEY PROGRAM
INDIAN CERTIFICATION FORM**

School Information

Name of School: _____
School Address: _____ City: _____ State: _____ Zip: _____

Student Information

Last Name: _____ First Name: _____ MI: _____
Date of Birth: ___/___/___ Phone Number: (____) _____ Blood Quantum: _____
Tribal Affiliation: _____ Reservation: _____ Enrollment #: _____
Address: _____ City: _____ State: _____ Zip: _____

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

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

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

Tribal Affiliation: _____ Reservation: _____ Enrollment #: _____

Mother'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. <input type="checkbox"/> Natural Parent | 3. <input type="checkbox"/> Other Family Member | 5. <input type="checkbox"/> Legal Guardian |
| 2. <input type="checkbox"/> Adoptive | 4. <input type="checkbox"/> Foster | 6. <input type="checkbox"/> 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 of Information (Please Check ONE Box & Sign)

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 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 reason(s): _____

Signature: _____ Date: _____
Signature of Tribal Official