

Family Enrollment Form Instructions

Dear Guardian(s)/Parent(s),

If you do **not** have the child's CDIB or proof of enrollment in a federally recognized tribe, please fill out the following form. This is a document that Madison will be sending to your tribal office to confirm your child can be counted towards these programs.

Please fill out:

- Student's information
- Mother/father or both of their information if they are enrolled in a federally recognized tribe.
- **If** you are trying to prove descentance through a grandparent, also fill that section out

If your child has proper documentation of their enrollment in a Federally Recognized Tribe they do not need to fill out the following form

TO: Enrollment Office

We wish to have our child counted as an Indian student by Madison School District No. 38 for the purpose of meeting the special educational needs of Indian children under Part C of the Indian Education Act (Title VI). A claim is hereby made that one of the persons listed below, through which my child is claiming eligibility (child, natural parent, or natural grandparents), has established membership with the _____ tribe.

| | | |
|--------------------------------|--------------------------------|--------------------------------|
| Student _____ | Father _____ | Mother's Maiden Name _____ |
| Date of Birth _____ | Date of Birth _____ | Date of Birth _____ |
| Place of Birth _____ | Place of Birth _____ | Place of Birth _____ |
| Tribe/Degree _____ | Tribe/Degree _____ | Tribe/Degree _____ |
| Census/Enrollment Number _____ | Census/Enrollment Number _____ | Census/Enrollment Number _____ |

| | |
|--------------------------------|--------------------------------|
| Father's Father _____ | Father's Mother _____ |
| Date of Birth _____ | Date of Birth _____ |
| Place of Birth _____ | Place of Birth _____ |
| Tribe/Degree _____ | Tribe/Degree _____ |
| Census/Enrollment Number _____ | Census/Enrollment Number _____ |

| | |
|--------------------------------|--------------------------------|
| Mother's Father _____ | Mother's Mother _____ |
| Date of Birth _____ | Date of Birth _____ |
| Place of Birth _____ | Place of Birth _____ |
| Tribe/Degree _____ | Tribe/Degree _____ |
| Census/Enrollment Number _____ | Census/Enrollment Number _____ |

You are hereby authorized to release information that will support our claim with the

_____ Tribe, _____, to the Madison School District _____ (address of location)

No.38 Indian Education Program, 5601 N.16th Street, Phoenix, AZ 85014

Thank you for your service.

Parent/Guardian Signature

Date