Indian Student Certification Johnson O'Malley Program

The following information is necessary for eligibility under the Shoshone-Bannock Tribes' Johnson O'Malley Program. The Shoshone-Bannock Tribes Tribal Youth Education Program works with the following local school districts and Indian Education Committees to ensure quality program services to all JOM eligible students: American Falls School District #381; Blackfoot School District #55; Pocatello JOM Indian Education Committee; and the Shoshone-Bannock Tribes Head Start Program.

STUDENT INFORMATION

| Student Name: | | Date of Birth: |
|--|------------------|----------------|
| School Attending: | Grade: | School Year: |
| Is the child ENROLLED in a Federally Recognized Tribe? YES c | or NO (Circle on | e) |
| If not, is the parent ENROLLED in a Federal Recognized Tribe | ? YES or NO (Ci | rcle one) |
| Name of Tribe: | | Enrollment #: |
| Tribes' Address: | | Blood Degree: |
| PARENT/GRANDPARENT INFORMATION | | |
| Mother's Name: | | _Enrollment #: |
| Tribe Enrolled at: | | Blood Degree: |
| Mother's Mother: | | _Enrollment #: |
| Tribe Enrolled at: | | _Blood Degree: |
| Mother's Father: | | _Enrollment #: |
| Tribe Enrolled at: | | _Blood Degree: |
| Father's Name: | | _Enrollment #: |
| Tribe Enrolled at: | | Blood Degree: |
| Father's Mother: | | _Enrollment #: |
| Tribe Enrolled at: | | _Blood Degree: |
| Father's Father: | | _Enrollment #: |
| Tribe Enrolled at: | | _Blood Degree: |
| Parent/Guardian Signature: | | Date: |
| Mailing Address: | Phone Number: | |
| ATTESTATION STATEMENT | | |

I give permission to the Shoshone-Bannock Tribes Tribal Youth Education Program or the school districts' Indian Education Coordinator to obtain my child's enrollment number and blood degree if needed to determine eligibility for JOM services: YES or NO (Circle one)