



WHITE EARTH NATION
JOHNSON O'MALLEY
STUDENT CERTIFICATION FORM

School Name: _____ School Year: _____ Grade: _____

STUDENT INFORMATION

Students Full Name (First, Middle, Last) _____ Other Name at Birth _____ Date of Birth _____

Mailing Address _____ City _____ State _____ Zip _____

☐ _____
Physical Address (Check box if same as Mailing) _____ City _____ State _____ Zip _____

Tribe/Agency _____ Enrollment Number _____ Social Security Number _____

CUSTODIAL RESIDENCE

(Check all that Apply)

- ☐ Natural Parent ☐ Foster Parent ☐ Adoptive Parent
☐ Legal Guardian ☐ Other Family Member ☐ Other _____

BIOLOGICAL PARENT INFORMATION

Biological Mother's Full Name (First, Middle, Last) _____ Maiden _____ Date of Birth _____

☐ Non-Indian
☐ American Indian _____ Tribe/Agency _____ Enrollment Number _____

Biological Father's Full Name (First, Middle, Last) _____ Enrollment Number _____

☐ Non-Indian
☐ American Indian _____ Tribe/Agency _____ Enrollment Number _____

*****If Student is 2nd generation descendant, Grandparent Information is needed on other side of this form*****

Release of Information:

I authorize the White Earth JOM Program and their designated person(s) to obtain/research my child's tribal membership and/or blood quantum to determine JOM program eligibility. In the event my child should transfer schools, I further authorize the White Earth JOM Program to share this certification with the new school.

Guardian Signature: _____ Date: _____

*****Tribal Enrollment Official Use Only*****

TRIBAL ENROLLMENT OFFICE/VERIFICATION OF INFORMATION (Please check appropriate box):

The above-named student **does** meet the JOM eligibility criteria as determined by the BIA/BIE:

- ☐ Student is an enrolled member of the
☐ Student is a 1st or 2nd generation descendant.
☐ Parent is an enrolled member of the
☐ Grandparent is an enrolled member of the

Tribe: _____ B.Q. _____ / _____

The above-named student **does not** meet the eligibility criteria for the following reason(s):

- ☐ Birth Record/Birth Certificate is needed to verify enrollment.
☐ No information was found regarding enrollment for student/family.

Enrollment Official: _____ Date: _____

BIOLOGICAL GRANDPARENT INFORMATION

MATERNAL

Biological Grandmother's Full Name (First, Middle, Last)	Maiden	Date of Birth
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☐ Non-Indian		
☐ American Indian	Tribe/Agency	Enrollment Number

Biological Grandfather's Full Name (First, Middle, Last)		Enrollment Number
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☐ Non-Indian		
☐ American Indian	Tribe/Agency	Enrollment Number

PATERNAL

Biological Grandmother's Full Name (First, Middle, Last)	Maiden	Date of Birth
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☐ Non-Indian		
☐ American Indian	Tribe/Agency	Enrollment Number

Biological Grandfather's Full Name (First, Middle, Last)		Enrollment Number
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☐ Non-Indian		
☐ American Indian	Tribe/Agency	Enrollment Number

APPLICATION CHECK LIST

- ☐ Application Completed

- ☐ Student's Birth Certificate Attached

- ☐ Parent's Birth Certificate Attached if Student is a descendant