

JOHNSON O"MALLEY STUDENT CERTIFICATION

All information requested is voluntary. However, failure to fully complete the student/ parent information may result in delays in processing this certification or make it impossible to process.
(TO BE USED FOR EDUCATIONAL PURPOSES ONLY)

SCHOOL: BEMIDJI DISTRICT

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STUDENT INFORMATION:

Name of Student _____
Date of Birth _____
Social Security Number _____
Tribal Enrollment # _____
Tribe _____

PARENT INFORMATION:

Father's Name _____
Date of Birth _____
Tribal Enrollment # _____
Tribe/ Agency _____

Mother's Name _____
Date of Birth _____
Tribal Enrollment # _____
Tribe/ Agency _____

I authorize the Office of Indian Education Program, ISD 31 to verify enrollment on blood quantum of the above named student.

Signature of Parent/ Guardian X _____

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CERTIFICATION

BASED ON AVAILABLE RECORDS AND INFORMATION,
I CERTIFY THAT THE ABOVE NAMED STUDENT IS:

- [] 1. An Enrolled member of the _____ Tribe.
Enrollment # _____.
- [] 2. Eligible for enrollment with _____ Tribe.
(Enrollment pending tribal action)
- [] 3. Not eligible for enrollment, but is _____ Tribe
degree Indian blood descendant of _____ Tribe
*Support documentation is attached.

TRIBAL OFFICIAL- TYPED/ PRINTED

SIGNATURE OF BIA/ TRIBAL OFFICIAL

DATE