

# Johnson – O'Malley (J.O.M.)

INDIAN STUDENT ENROLLMENT/CERTIFICATION OF ELIGIBILITY UNDER P.L. 93-638  
CFR 273.18(K), (1)

Last Name	First	Initial	Date of Birth	Grade	School	Tribal Number

The Student(s) listed above are ¼ or more degree Indian Blood.

Yes                       No                       I don't know

Are the student(s) listed below members of a federally recognized tribe?

Yes                       No                       I don't know

Tribal Affiliation of	Name of Tribe	
Student(s)		
Parent/Legal Guardian	Birth Father's tribe	Birth Mother's tribe
	Degree (how much) Indian Blood: _____	Degree (how much) Indian Blood: _____

My signature certifies that the information given is correct and verifies eligibility

Print Name and Address of Parent/Legal Guardian	Signature of Parent/Legal Guardian Signature of Student if 18 Years Old          Date:
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***DO NOT FILL IN BELOW***

The above information has been reviewed by the Parent Committee and certifies that the student(s) listed above are:

Eligible to receive JOM program services                       yes                       no

Type/Print Name of Indian Education Committee Member Reviewee:	Signature of Indian Education Committee Member:          Date:
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**Instructions:**    Copy retained by TUSD until withdrawal or graduation.  
                           White-Native American Student Services                      Yellow-Cumulative Folder