

**Return to MPS Native American
Education Program
Please attach your child's
CIB - Certificate of Indian Blood**

**Johnson O'Malley
(JOM)**

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

Last Name	First	Initial	Date of Birth	Grade	School

The student(s) listed above is/are ¼ or more degree Indian Blood.

yes no I don't know

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

yes no I don't know

Tribal Affiliation of Student(s)	Name of Tribe
Parent/Legal Guardian	

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:

DO NOT FILL IN BELOW (Space is reserved for the Indian Education Committee)

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:

Instructions: Copy retained by applicant agency for three years.