

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

| Last Name | First Name | Initial | Date of Birth |
|-----------|------------|---------|---------------|
|           |            |         |               |

| Grade | School |
|-------|--------|
|       |        |

**TRIBAL ENROLLMENT NUMBER:**

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 | Name of Tribe |
|-----------------------|---------------|
| Student(s)            |               |
| Parent/Legal Guardian |               |

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

|   |   |
|---|---|
| Print Name and Address of Parent/Legal Guardian<br><br><br><br><br> | Signature of Parent/Legal Guardian<br>(Signature of Student if 18 Years Old)<br><br><br><br>Date: |
|---|---|

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

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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:<br><br><br><br>Date: |
|--|--|

Instructions: Copy retained by applicant agency for three years