

ST.CROIX CHIPPEWA INDIANS OF WISCONSIN JOHNSON O'MALLEY PROGRAM

INDIAN CERTIFICATION FORM

School Information:

Name of School: \_\_\_\_\_ School Address: \_\_\_\_\_

Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Tribal ID #: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Reservation: \_\_\_\_\_

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Parent Information: Mother: Indian/ Non-Indian Father: Indian/ Non-Indian

Mother's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_ Tribal ID # \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Reservation: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_ Tribal ID #: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Reservation: \_\_\_\_\_

Parental Status: (Please Circle all that applies to the custody and residence of the child.)

- 1.) Natural Parent 2.) Adoptive Parent 3.) Family Member 4.) Foster Parent
5.) Legal Guardian 6.) Other (Please Explain): \_\_\_\_\_

Release of Information: I authorize the St. Croix Chippewa Indians of Wisconsin and their designated person(s) to obtain my child tribal membership and /or blood quantum to determine eligibility for services. In the event my child should transfer schools, I further authorize the St. Croix Chippewa Indians of Wisconsin Johnson O'Malley Program to share this certification form with then new school.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verification Information: (To be certified by a Tribal Official or the Tribal Enrollment office)

- THE ABOVE NAMED STUDENT meets the eligibility criteria as determined by the Bureau of Indian Affairs and I hereby certify that this student is a member or is at least one half (1/2) degree of Indian Blood descendent of a member of an Indian Tribe which is eligible for the special programs and services provided through the Bureau of Indian Affairs to Indians because of their status as Indians.