

U.S. DEPARTMENT OF EDUCATION  
OFFICE OF INDIAN EDUCATION  
WASHINGTON, DC 20202

**TITLE VII STUDENT ELIGIBILITY CERTIFICATION**  
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

**Parents: Please return this completed form to your child's school.** In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

*Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.*

NAME OF CHILD \_\_\_\_\_ Date of Birth \_\_\_\_\_

(As shown on school enrollment records)

School Name \_\_\_\_\_ Grade \_\_\_\_\_

NAME OF TRIBE, BAND OR GROUP \_\_\_\_\_

Tribe, Band or Group is: (check one)

**Organized Indian Group**

**Federally Recognized, State Meeting #5 of the**

\_\_\_\_\_ Including Alaska Native \_\_\_\_\_ Recognized \_\_\_\_\_ Terminated \_\_\_\_\_ Definition Above

Name of individual with tribal membership: \_\_\_\_\_

Individual named is (check one): \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's

Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR

B. Other (explain) \_\_\_\_\_

Name and address of organization maintaining membership data for the tribe, band or group:

\_\_\_\_\_

I verify that the information provided above is accurate:

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

**PAPERWORK BURDEN STATEMENT**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., FOB-6/Room 3W111, Washington, D.C. 20202-6335.

**Optional:** I give my permission for the school to release this form to the Indian Education Parent Committee and the CS&KT Tribal Education Department. (This form will not be released without your approval.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Johnson O' Malley (J.O.M.) – Parent/Grandparent: Student's Indian blood quantum must be "1/4 or more" to qualify for Johnson O' Malley services. Indian blood counted must be verified by the school district in which the child is attending school.**

**Definition of Eligible Students:** Indian students, from age 3 years through grade(s) 12, except those who are enrolled in Bureau or sectarian operated schools, shall be eligible for benefits provided by a contract pursuant to this part if they are 1/4 or more degree Indian blood and recognized by the Secretary as being eligible for Bureau services. Priority shall be given to contracts (a) which would serve Indian students on or near reservations and (b) where a majority of such Indian students will be members of the tribe(s) of such reservations (as defined in subsection 273.2(0)). \*For non-enrolled students. Please state Degree of Indian Blood. (Example: 1/8 Salish and 1/8 Navajo equal 1/4 Indian Blood, etc.)

Student name	Degree of Indian blood	Age	Gender	Tribe/Tribes or band
Parent(s) name and Tribe	Parent Enrollment #	Grandparents name and Tribe	Grandparents enrollment #	

**Impact Aid Program**  
**The survey date is \_\_\_\_\_ . ( Please complete for each student enrolled in school)**

**III. Parent/Guardian and Student Information-individual student**

Student's Last Name	First Name	.M.I	Date of Birth	Grade	School Name

Is the property a federal/trust property? Yes \_\_\_\_\_ No \_\_\_\_\_

Address	City	State	Zip Code

Please enter Federal property the property. (i.e. tribal housing, trust property)

The information in section II is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VIII of the Elementary and Secondary Education Act), and may be provided to the U.S. Department of Education if your school district's application for payment is audited. This form must be signed and dated for your school district to receive funds based on this information.

**IV. A. PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN**

Enter information in this section regarding the parent/guardian if 1) neither parent/guardian with whom the student resided was on active duty in the Uniformed Services of the United States and 2) either parent/guardian with whom the student resided was employed on federal property, or 3) either the parent/guardian reported to work on federal property on the survey date. Enter the parent/guardian's name as it appears on the employer's payroll record.

Parent/Guardian's Last Name First Name and M.I.	Name of Parent/Guardian's Employer

Address of Parent/Guardian's Employer	City	State	Zip Code

Name of federal property \_\_\_\_\_

Address of federal property	City	State	Zip Code

**B. PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES, FOREIGN MILITARY OR FARMING, GRAZING, LUMBERING AND MINING**

Enter information in the first section regarding the parent/guardian if either person was on active duty in the Uniformed Services of the United States on the survey date. Complete sections 1 and 2 if either person was both an accredited foreign government official and a foreign military officer on the survey date. Complete sections 1 through 5 if either the parent or guardian spent more than 50 percent of his or her working time on federal property (whether as an employee or self-employed) engaged in farming, grazing, lumbering or mining.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank

Name of Foreign Government: \_\_\_\_\_

Name and Address of Parent/Guardian's Employer	City	State	Zip Code

Permit Number	Township	Range	Section

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_