

**Indian Student Certification
Johnson O'Malley Program**

The following information is necessary for eligibility under the Shoshone-Bannock Tribes' Johnson O'Malley Program. The Shoshone-Bannock Tribes Tribal Youth Education Program works with the following local school districts and Indian Education Committees to ensure quality program services to all JOM eligible students: American Falls School District #381; Blackfoot School District #55; Pocatello JOM Indian Education Committee; and the Shoshone-Bannock Tribes Head Start Program.

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____

School Attending: _____ Grade: _____ School Year: _____

Is the child ENROLLED in a Federally Recognized Tribe? YES or NO (Circle one)

If not, is the parent ENROLLED in a Federal Recognized Tribe? YES or NO (Circle one)

Name of Tribe: _____ Enrollment #: _____

Tribes' Address: _____ Blood Degree: _____

PARENT/GRANDPARENT INFORMATION

Mother's Name: _____ Enrollment #: _____

Tribe Enrolled at: _____ Blood Degree: _____

Mother's Mother: _____ Enrollment #: _____

Tribe Enrolled at: _____ Blood Degree: _____

Mother's Father: _____ Enrollment #: _____

Tribe Enrolled at: _____ Blood Degree: _____

Father's Name: _____ Enrollment #: _____

Tribe Enrolled at: _____ Blood Degree: _____

Father's Mother: _____ Enrollment #: _____

Tribe Enrolled at: _____ Blood Degree: _____

Father's Father: _____ Enrollment #: _____

Tribe Enrolled at: _____ Blood Degree: _____

Parent/Guardian Signature: _____ Date: _____

Mailing Address: _____ Phone Number: _____

ATTESTATION STATEMENT

I give permission to the Shoshone-Bannock Tribes Tribal Youth Education Program or the school districts' Indian Education Coordinator to obtain my child's enrollment number and blood degree if needed to determine eligibility for JOM services: YES or NO (Circle one)