

ELGIN JOHNSON-OMALLEY INDIAN EDUCATION PROGRAM

Enrollment Application

School Year: _____

Student Name _____ Male _____ Female _____

D.O.B. ____/____/____ Age _____ Family Size _____

Student Address _____ City _____ Zip _____

Father/Mother Name _____ Parent's Work No. _____
(Include Parent Name)

Home Phone Number _____ Cell Phone Number _____

Email: _____

Current School Grade: _____ Name of School _____

Student's Tribal Membership _____
(Name of Tribe) (Blood Degree)

Eligibility:

To be eligible for JOM Services, students must be a member of a federally recognized Indian tribe, or at least $\frac{1}{4}$ or more degree of Indian blood. Proof of a student's tribal enrollment must be on file to verify eligibility for JOM services or a Certificate of Degree of Indian Blood. Services are not income based, however, if funds become limited, students may be granted additional services based on income.

Student Participates in the District's Free or Reduced Lunch Program Yes ___ No ___

STUDENT CERTIFICATION:

I certify that all the statements made in this application are true and correct to the best of my knowledge and belief, and are made in good faith. I agree to grant permission to the Elgin School District to release attendance, and school lunch program information to the Oklahoma Education Line Office/cooperating Johnson-O'Malley Indian Education Program to assist in their efforts of meeting the specialized and unique needs of my student: _____

(Print Student's Name)

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

The following information is to be completed by the Elgin Johnson O'Malley official certifying the following:

I, _____ hereby certify a CDIB is on file and the student is **eligible for JOM Services**.

_____ **DATE:** _____