Confederated Salish and Kootenai Tribes Johnson O'Malley Program Indian Certification Form



1.	School Information			A People of Vision	
2.	Student Information				
	B. Date of Birth: C. Enrollment Number:	First Name:Tribal Affiliation:	Blood Quantum:	·	
3.	Parental Information	Mother:IndianN Father:IndianNo			
	Date of Birth:	e: First 1 Tribal Affilia er:	tion:		
	Date of Birth:	ne: First I Tribal Affilia er:	tion:		
	1. □ Natural Pare 2. □ Adoptive RELEASE OF INFORMA designated person(s) to ob determine eligibility for so	ATION: I authorize the <u>Confec</u> otain my child's and/ or my own ervices. In the event my child s	ember 5. \Box Leg 6. \Box Oth derated Salish and n tribal membersh hould transfer sch	gal Guardian ner (Please explain) <u>Kootenai Tribes</u> and their ip and/or blood quantum to	
<mark>PA</mark>	RENT SIGNATURE:				
(Fa 4.	or Tribal Enrollment Office Verification Information can.	ONLY)		ntum) for students and parents that yo	u
Fee and	derally Recognized Indian b	lood or a descendent of the Tribe	e listed. This detern	or is at least one fourth (1/4) degree nines eligibility for the special program the student and/or parent Certification of	IS
Sig	gnature of Authorized Triba	Official:			
Da	te:				
Th	e above named student does	NOT meet the eligibility criteria	for the following r	reason(s):	

Once you have completed and filled out this form mail it back to: Confederated Salish and Kootenai Tribes Tribal Education Department PO Box 278 Pablo, MT 59855