



Leech Lake Education Division

## JOHNSON O'MALLEY STUDENT CERTIFICATION FORM

All information requested is voluntary. However, failure to fully complete the student and parent information sections may result in delays and/or make it impossible to process this certification request and student may be considered ineligible for JOM services. The information obtained as a result of this request will be used for educational purposes only.

School Name: Grand Rapids

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Tribe/Agency: \_\_\_\_\_ Degree of Blood: \_\_\_\_\_  
Enrollment #: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### PARENT INFORMATION

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Tribe/Agency: \_\_\_\_\_ Enrollment #: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Tribe/Agency: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

### AUTHORIZATION FOR RELEASE OF INFORMATION

Parent/Legal Guardian Requesting Information: (This form will be considered invalid if this section is not fully complete with signature.)

Print Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Signature: \_\_\_\_\_

Mail Form to:  
LL Education Division  
115 Sixth Street NW, Suite E  
Cass Lake, MN 56633

Fax Form to:  
JOM Program Coordinator  
218-335-8339

Drop Form off at:  
LL Education Division/JOM Program Office  
located in the Cass Lake Facility Center on  
16126 John Moose Drive NW Cass Lake, MN

### \*\*\* OFFICE USE ONLY \*\*\*

Based on the records and information available for this family, I certify that the above named student is:

- ☐ 1. An enrolled member of this  
Tribe/Agency: \_\_\_\_\_ Degree of blood: \_\_\_\_\_ Enrollment #: \_\_\_\_\_
- ☐ 2. Eligible for enrollment  
with: \_\_\_\_\_  
☐ Enrollment pending Tribal Action ☐ Not Applicable
- ☐ 3. Not eligible for enrollment, but has the following degree(s) of Indian blood decedent of:  
Tribe/Agency: \_\_\_\_\_ Degree of blood: \_\_\_\_\_  
Tribe/Agency: \_\_\_\_\_ Degree of blood: \_\_\_\_\_
- ☐ 4. No information as listed on this form, and/or in current Tribal office records, reflect that this student has a combined total of one fourth (1/4) Indian blood degree as required for Johnson O'Malley eligibility.

Tribal Official Signature: \_\_\_\_\_

Tribal Official Name Printed: \_\_\_\_\_

Date: \_\_\_\_\_