



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:
LE 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:
LE 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: _____