

Johnson O'Malley (JOM)

Student Enrollment/Certification of Eligibility

INDIAN STUDENT ENROLLMENT CERTIFICATION OF ELIGIBILITY UNDER P.I. 93.638 CFR 273.18 (K), (1)

Agencies collecting student information must protect the data in accordance with Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, 34 CFR Part 99

Student Information

Student Name:		Date of Birth:
Grade:	School:	District:

Tribal Information

Enrolled Tribe/Nation/Band:	
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Please provide the following Tribal Enrollment information for either the Student **OR** Parent/Grandparent (Check One):

A. Tribal Enrollment (Student)	<input type="checkbox"/>	B. Link to Descendant (Parent/Grandparent)	<input type="checkbox"/>
Student Tribal Enrollment Number:		Parent/Grandparent Tribal Enrollment Number:	

Please provide proof of enrollment to certify student's eligibility under the Johnson O'Malley Program.

Documentation can include but not limited to:

- Certificate of Indian Blood (CIB)
- Certificate Document of Indian Blood (CDIB)
- Tribal ID
- Tribal Enrollment Letter
- Descendancy Forms
- Birth Certificates tied to Tribal Member
- Family Cards

Eligible to receive JOM program services on verified documents. All student data is being protected IAW FERPA, 20 U.S.C. § 1232g, 34 CFR Part 99

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian:			
Address:	City:	State:	Zip:
Phone Number:	Email:		
Signature:		Date:	

Copy must be retained by JOM applicant agency for three (3) years.



Yavapai-Apache Nation Johnson O'Malley Program (JOM)

Disclosure of Information Protected by the Family Educational Rights and Privacy Act

As the parent/guardian of _____, I hereby grant my consent and authorization to disclose my child's educational records to the Yavapai-Apache Nation's Johnson O'Malley Program (JOM), for the purpose of providing and coordinating program services as authorized under federal law and regulations (20 USC §1232g and 34 CFR §99.3). The specific records to be released are as follows:

Educational Records Authorization

Enrollment, attendance records, including class schedules Yes No

Academic progress records (*grades/progress reports*) Yes No

Disciplinary records Yes No

(Used to support tutoring and educational services)

Enrollment Records Authorization

Certified Degree of Indian Blood (CIB) Yes No

(To obtain a copy from the Yavapai-Apache Nation's Enrollment Department. This is needed to comply with Johnson O'Malley's Policies and procedures.)

Media Release Authorization

Publish child's name for awards/recognition Yes No

Photograph child for awards/recognition Yes No

Display homework/grades (school or JOM office) Yes No

(All demographic/parental information will be blacked out.)

Student Name: _____

School Attending: _____

Grade Level: _____

Parent/Guardian Signature: _____

Address: _____

Date: _____ Phone: _____



Yavapai-Apache Nation Johnson O'Malley Program (JOM)

Needs Assessment Survey

This survey helps identify the educational needs of eligible JOM students.

Please rank the following:

Needs	High	Medium	Low
Tutors/Tutoring			
Cultural Programs			
Attendance/Truancy			
Coping Skills/Stress			
Other (<i>Specify</i>):			

Please select the subject area where the student needs the most support:

<input type="radio"/> Math/Algebra	<input type="radio"/> English/Language Arts	<input type="radio"/> Science	<input type="radio"/> History/Social Studies
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Any other suggestions or comments (*Use the backside of this form if more space needed*): _____

I am a (*check all that apply*): Parent/Guardian | Student | Teacher | Principal/Administrator |
 Community Member | Tribal Official

Please provide the following information:

Parent (if applicable)

What grade level is/are your child/children in? _____

What school do they attend? _____

Student (if applicable)

What grade level are you in? _____

What school do you attend? _____

Staff (if applicable)

What school and grade level do you teach? _____

What School District/Site are you located at? _____

YAN Community (if applicable)

What YAN community do you live in? _____

Please return this form to the school office or the YAN Administration Office.

For assistance, call 928-301-4121.