Title VI ED 506 Indian Student Eligibility Certification Form

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. This form should be kept on file and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child ............................................. Date of Birth ................. Grade ______
(As shown on school enrollment records)
Name of School ........................................................

Tribal Enrollment

Name of the individual with tribal enrollment: ________________________________
(Individual named must be a descendent in the first or second generation)
The individual with tribal membership is the: ____ Child ____ Child’s Parent ____ Child’s Grandparent
Name of tribe or band for which individual above claims membership: ______________

The Tribe or Band is (select only one):
____ Federally Recognized
____ State Recognized
____ Terminated Tribe (Documentation required. Must attach to form)
____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:
A. Membership or enrollment number (if readily available) ______________________________ OR
B. Other Evidence of Membership in the tribe listed above (describe and attach) ______________________________

Name and address of tribe or band maintaining enrollment data for the individual listed above:
Name ___________________________________ Address __________________________

City ___________________________ State _____ Zip Code ______

Attestation Statement

I verify that the information provided above is accurate.

Name Parent/Guardian __________________________ Signature _______________________
Address ___________________________ City __________________ State _____ Zip Code ______
Email Address __________________________ Date ______________