

Johnson O'Malley/Title VI Enrollment Packet

Return this packet to your site Guidance Clerk or email to your site Indian Ed. Coordinator

Printed packets can be provided upon request.

Student Name:

ID:

Site:

Grade:

Date:

The Johnson O'Malley and Title VI Programs are supplemental programs targeted to meet the unique and culturally related academic needs of eligible Native American students attending Tolleson Union High School District #214. In order to be qualified for these services all paperwork listed below must be completed and returned.

Checklist

305 Form (JOM)

ED 506 Form (Title VI)

Copy of students CIB or proof of tribal enrollment **OR** Copy of parent's CIB or proof of tribal enrollment

For assistance with enrollment please contact your site Indian Education Coordinator.

Copper Canyon

Randahl Riggs
randahl.riggs@tuhsd.org
623-478-4834

West Point

Jennifer Quiver
jennifer.quiver@tuhsd.org
623-474-8722

La Joya & Sierra Linda

Vanessa Romo
vanessa.romo@tuhsd.org
623-478-4425

Westview

Brooke Salcedo
brooke.salcedo@tuhsd.org
623-478-4414

Tolleson & University High

Shanda Tsosie
shanda.tsosie@tuhsd.org
623-478-4200

District Office

Alexandra Maese
Parent/Community Engagement Coordinator
alexandra.maese@tuhsd.org
623-478-4075

Dr. Rosalva Lagunas
Director of Grants and Federal Programs
rosalva.lagunas@tuhsd.org
623-478-4054

Johnson O'Malley (JOM) Student Enrollment/Certification of Eligibility

INDIAN STUDENT ENROLLMENT CERTIFICATION OF ELIGIBILITY UNDER P.I. 93.638 CRF 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

LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH	GRADE	SCHOOL

Are the student(s) listed above ¼ or more degree Indian Blood from a federally recognized tribe?

Yes No I don't know

Are the student(s) listed above members of a federally recognized tribe?

Yes No I don't know

Tribal Affiliation of	Name of Tribe & Enrollment #
Student(s)	
Parent/Legal Guardian	

My signature certifies that the information given is correct and documentation is available to verify eligibility.

Print Name and Address of Parent/Legal Guardian 	Signature of Parent/Legal Guardian (Signature of Student if 18 years old) Date:
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DO NOT FILL IN BELOW
(Space is reserved for the JOM Parent Indian Education Committee)

The above information has been reviewed by the JOM Parent Committee and certifies that the student(s) listed above are:

Eligible to receive JOM program services based on verified documents Yes No

All student data is being protected IAW FERPA, 20 U.S.C. § 1232g, 34 CFR Part 99

Type/Print Name of Indian Education Committee Member Reviewee	Signature of Indian Education Committee Member Date:
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Copy must be retained by JOM applicant agency for three (3) years

INSTRUCTIONS

All student data must be protected in accordance with Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, 34 CFR Part 99

To apply for an entitlement grant under Public Law 93-638, Johnson O'Malley, CRF 25, the Indian Education program applicant must determine the number of eligible American Indian students to be enrolled.

This form has 7 items to be completed:

- Item 1: Parent/Legal Guardian lists all students in the family/household enrolling in the JOM program.
- Item 2: Identifies whether or not listed student(s) have at least 1/4 degree Indian blood.
- Item 3: Identifies whether or not listed student(s) are members of a tribe.
- Item 4: Identifies tribal affiliation and enrollment number for student(s) and Parent/Legal guardian, if applicable.
- Item 5: Parent/Legal Guardian signature certifies listed students are JOM eligible and documentation is available to verify.
- Items 6-7: Reserved for the JOM Parent Indian Education Committee, who must certify with the applicant the total number of eligible children that are qualified to participate in the JOM program.

Student Eligibility

Johnson O'Malley, CFR 25, 278.12 states students must meet the following criteria to be considered eligible for the JOM program:

- Age 3 years through grade 12
- One-fourth (1/4) or more degree American Indian blood descendant* of a federally recognized tribe, or an enrolled member** of a federally recognized tribe.

** Arizona Dept of Education (ADE) Office of Indian Education requires Certificate of Indian Blood (CIB) documentation to verify*

*** ADE Office of Indian Education requires tribe member enrollment number to verify*

You are not required to submit this form. However, if you choose not to submit it, your child cannot be counted for entitlement funding under Johnson O'Malley, CFR 25.

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant 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 level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ___child ___child's parent ___child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- 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.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

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 _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335