

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart I

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** The information on this form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian, tribe or band, including those Indian tribes, bands, or groups terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose, or (4) an Eskimo or 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 October 19, 1994.

NAME of CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND or GROUP _____

Tribe, Band, or Group is: (check one)

Federally Recognized, State Organized Indian Group
Including Alaska Native _____ Recognized _____ Terminated _____ Meeting #5 of the
of the Definition Above

Name of individual with tribal membership:

Individual named is (check one) _____ Child _____ Child's Parent _____ Child's grandparent

Proof of membership, as defined by tribe, band, or group:

A. Membership or enrollment number (if readily available) _____ OR

B. Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band, or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ **DATE** _____

Mailing Address _____ **Telephone** _____