



Wichita and Affiliated Tribes Education Department

P.O. Box 729 – Anadarko, OK 73005
Telephone (405) 247-8612 – Fax: (405) 247-5687
www.wichitatribe.com

Johnson O’Malley Student Certification School Year 2021-2022

Student Eligibility Statement: Indian students, age 3 years through grade(s) 12, shall be eligible for JOM benefits provided by a contract pursuant to this part, if they are 1/4 or more degree Indian blood or a member of a federally recognized Indian Tribe. Indian students enrolled in sectarian or Bureau of Indian Education operated school is ineligible. 25 CFR, Education Contracts under JOM Act, §273.12 A copy of the students Certificate of Indian Blood (CDIB), Tribal ID, or Tribal Enrollment Verification is required to determine eligibility.

Student Information Please Print CLEARLY

Student Name: _____ Date of Birth: _____ Age: _____

Gender: _____ Grade Level: _____ T-Shirt Size: Circle One (Y/ A) XS S M L XL XXL
(Youth/Adult)

Parent/Guardian Name: _____

Phone Number: (____) _____ - _____ Email: _____

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Physical Address: _____
(Street) (City) (State) (Zip Code)

Name of Tribal Agency: _____ Degree of Indian Blood: _____ Tribal Enrollment #: _____

***If you are a new student, you must submit a copy of CDIB, Tribal ID, or Tribal Enrollment Verification Letter to the JOM Program before any services can be provided for your child.*

School Name: _____

School Address: _____
(Street) (City) (State) (Zip Code)

Please read before signing: I understand that my child’s eligibility for services must be established before he/she will receive any assistance through the Johnson O’Malley Program. My signature certifies that the information given is correct and documentation is available to verify eligibility. (Signature of student if 18 years old)

Parent/Guardian Signature: _____ Date: _____

DO NOT FILL IN BELOW

The above information has been reviewed by the JOM Indian Education Committee and certifies that the student listed above is:

Eligible to receive JOM Program Services based on verified documents Yes _____ No _____

IEC Name: _____ IEC Signature: _____ Date: _____