OMB Number: 1810-0021

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 1

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. This form will be maintained at the school and information on the 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 tribe or bands 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 so	chool enrollment records)		
School Name			Grade
NAME OF TRIBE, BAND OR GRO	UP		
Tribe, Band or Group is: (check one) Federally Recognized, Including Alaska Native	State	Terminated	Organized Indian Group Meeting #5 of the Definition Above
Name of individual with tribal memb	ership:		
Individual named is (check one):	Child	_Child's Parent	Child's Grandparent
Proof of membership, as defined by t	ribe, band, or group is	S;	
Membership or enrollment number	(if readily available)		OR ③
Other (explain)			
Name and address of organization m	aintaining membershi	p data for the tribe,	band or group:
I verify that the information provided a	bove is accurate:		
PARENT'S SIGNATURE DA		DATE	
Mailing Address		Telephone	