

Petersburg Johnson-O'Malley Program

Registration Form

School Information

Name of School: _____ School Address: _____

Student Information

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Grade Level: _____ Blood Quantum: _____

Tribal Affiliation: _____ Enrollment #: _____

Contact Email: _____

Parent Information

Mother: ☐ Indian ☐ Non-Indian **Father:** ☐ Indian ☐ Non-Indian

Mother's Last Name: _____ First Name: _____ MI: _____

Phone Number: _____ Date of Birth: _____ Blood Quantum: _____

Tribal Affiliation: _____ Enrollment #: _____

Father's Last Name: _____ First Name: _____ MI: _____

Phone Number: _____ Date of Birth: _____ Blood Quantum: _____

Tribal Affiliation: _____ Enrollment #: _____

Parental Status: *(Please check all boxes that apply to the custody and residence of the child)*

☐ Natural Parent ☐ Adoptive ☐ Other Family Member
☐ Foster ☐ Legal Guardian ☐ Other (please explain): _____

Release Information

I authorize the Johnson-O'Malley Program and their designated person(s) to obtain my child's tribal membership and/or blood quantum to determine eligibility for services.

In the event my child should transfer schools, I further authorize the Johnson-O'Malley Program to share this certification with the new school.

Parent Signature

Date

Participant Eligibility Verified by JOM/Grants Manager

Date