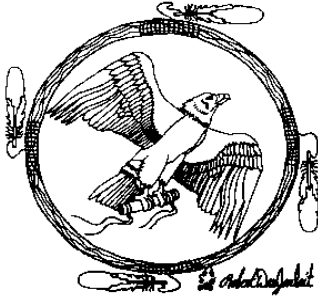


# Anoka-Hennepin School District #11

## Indian Education Program



2727 N. Ferry St.  
 Anoka, MN 55303  
 Phone: 763-506-1159  
 Fax: 763-506-7883

[www.anoka.k12.mn.us/IndianEducation](http://www.anoka.k12.mn.us/IndianEducation)

Facebook.com/AHIndianEd

Welcome to Indian Education! We are looking forward to working with you and your child/children. In order to begin servicing your family, please complete and return the attached forms as soon as possible to your child's school office or mail to our office using the envelope provided.

### Important Information

- Student Name
- Student Date of Birth
- School Attending – Current Grade
- Name of Tribe/Band/Group
- Name of Individual with tribal membership
- Proof of Tribal Membership or Descendancy
- Parent/Guardian Signature
- Date Signed
- Mailing Address
- Telephone #

**Based on school location, your child's Academic Advisor will be:**

<p><b><u>Nicole Beane – 763-506-1342</u></b>          Andover High School          Oak View Middle School          Anoka-Hennepin Regional High School          Anoka-Hennepin Technical High School          Bridges • Compass • Pathways          River Trail Learning Center</p> <p><b><u>Tony Drews – 763-506-1071</u></b>          Anoka High School          Anoka Middle School – Washington          Anoka Middle School – Fred Moore</p> <p><b><u>Kathy Eisenschenk – 763-506-1281</u></b>          Blaine High School          Northdale Middle School          Roosevelt Middle School</p>	<p><b><u>Mary Beth Elhardt – 763-506-1287</u></b>          Champlin Park High School          Jackson Middle School          Monroe Elementary          Oxbow Creek Elementary</p> <p><b><u>Mindy Meyers – 763-506-1280</u></b>          Coon Rapids High School          Coon Rapids Middle School</p> <p><b><u>Jane Zamora – 763-506-1073</u></b>          Elementary Schools          (not including Monroe/Oxbow Creek)</p>
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**District Program Contact: Todd Protivinsky 763-506-1049**

**IF YOU NEED HELP WITH THE FORMS OR HAVE QUESTIONS ABOUT THE INDIAN EDUCATION PROGRAM, PLEASE CONTACT YOUR STUDENT'S ADVISOR.**

*Thank you in advance for your participation.*

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 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  
\_\_\_\_\_ 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 is:

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

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 \_\_\_\_\_

Notice: Public Reporting Burden Notice on Reverse Side

## 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 3E200, Washington, D.C. 20202-6335.

**ANOKA--HENNEPIN SCHOOL DISTRICT**  
**INDIAN EDUCATION PROGRAM**  
**JOHNSON O'MALLEY INDIAN CERTIFICATION FORM**

**School Information**

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Enrollment #: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Reservation: \_\_\_\_\_

**Parental Information:** Mother: \_\_\_\_ Indian \_\_\_\_ Non-Indian / Father: \_\_\_\_ Indian \_\_\_\_ Non-Indian

Mother's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Reservation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Reservation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

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

- 1) \_\_\_\_ Natural Parent                      2) \_\_\_\_ Adoptive                      3) \_\_\_\_ Other Family Member  
4) \_\_\_\_ Foster                                  5) \_\_\_\_ Legal Guardian                      6) \_\_\_\_ Other: \_\_\_\_\_

**Release of Information:** I authorize the Anoka-Hennepin School District Indian Education Program and/or the Minnesota Chippewa Tribe and their designated person(s) to obtain my child's tribal membership and/or blood quantum to determine eligibility for services. If not enrolled, please certify the parent(s) named to determine eligibility of the named student. In the event my child should transfer schools, I further authorize the Anoka-Hennepin School District Indian Education Program and/or the Minnesota Chippewa Tribe Johnson O'Malley Program to share this certification form with the new school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Verification Information:**(to be certified by a Tribal Official or the Tribal Enrolment/Operations)

\_\_\_\_\_ The ABOVE NAMED STUDENT meets the eligibility criteria as determined by the Bureau of Indian Affairs (BIA) and I hereby certify that this student is a member or is at least one-fourth (1/4) degree of Indian Blood descendent of a member of an Indian Tribe which is eligible for the special programs and services provided through the BIA because of their status as Indians.

\_\_\_\_\_ The ABOVE NAMED STUDENT does NOT meet the eligibility criteria for the following reason(s):  
\_\_\_\_\_

Signature of Tribal Official: \_\_\_\_\_ Date: \_\_\_\_\_