

Johnson O'Malley Program Registration Form

Date: ____/____/____ Student Name: _____

D.O.B ____/____/____ Grade: _____ Age: _____ Male: _____ Female: _____
MM DD YY

Tribal Affiliation: _____ Tribal Enrollment #: _____

School District: _____ School Name: _____

JOM Area/IEC (Circle One):

Baraboo/Reedsburg/Portage Black River Falls Neillsville/ Dells Dam Eau Claire
Wittenberg Augusta/Osseo-Fairchild La Crosse Madison/Dane County Pittsville Port Edwards
Nekoosa Stevens Point Tomah/ Sparta WI Dells Mauston/Adams-Friendship Wisconsin Rapids

Parent/Guardian Name: _____ Phone #: _____

Email Address: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Physical Address: _____ City: _____ State: ____ Zip: _____

Are you available to serve on the JOM Parent/Officer Committee? **Yes:** ____ **No:** ____

- *Chairperson's specific duties – Call meetings, Chair meetings, and Represent Committee*
- *Vice-Chairperson's duties – Act as Chair in Chair's absence.*
- *Secretary's duties – Records minutes, Send minutes and meeting notices out.*

We invite your comments regarding your child so that we may better meet his/her educational needs in his/her school or other areas:

Eligibility requirements are 3 years of age (by October 1st) through grade 12 and are a ¼ or more degree Indian blood AND recognized by the Secretary as being eligible for Bureau services (273.12 Eligible students.) Documentation must be submitted to IEC Secretary/Officers to verify enrollment/blood quantum one time (not needed each year).

I hereby give authority to the JOM IEC Officers to *verify* my child's enrollment by receiving a copy of the Certificate Degree of Indian Blood for purposes of JOM program eligibility.

Parent/ Guardian Signature:

Participant Eligibility Verified By IEC Officer: _____
Signature

Participant Eligibility Verified By IEC Officer: _____
Signature