



Leech Lake Band of Ojibwe
Education Division
115 Sixth St. NW Suite E
Cass Lake, MN 56633

Local (218) 335-8250
Toll Free 1-866-638-7738
FAX (218) 335-8339

JOHNSON O' MALLEY STUDENT CERTIFICATION

All information requested is voluntary. However, failure to fully complete the student/parent information may result in delays in processing this certification or make it impossible to process.

(TO BE USED FOR EDUCATIONAL PURPOSES ONLY)

SCHOOL: _____

.....
STUDENT INFORMATION:

Name of Student _____

Date of Birth _____ Social Security Number _____ - _____ - _____

Degree of Indian Blood _____ Tribe (s) _____

.....
PARENT INFORMATION:

Father's Name _____ Date of Birth _____

Enrollment # _____ Tribe/Agency _____

Mother's Maiden Name _____ Date of Birth _____

Enrollment # _____ Tribe/Agency _____

***Signature of Parent/Guardian requesting Certification _____

Mailing address _____

.....
FOR OFFICE USE ONLY

Certification

BASED ON AVAILABLE RECORDS AND INFORMATION, I CERTIFY THAT THE ABOVE NAMED STUDENT IS:

- 1. An enrolled member of the _____
Enrollment # _____
- 2. Eligible for enrollment with _____
(Enrollment pending tribal action _____ Not Applicable _____)
- 3. Not eligible for enrollment, but is _____ degree Indian blood descendant of _____
Tribe(s). Support documentation is attached.

TRIBAL OFFICIAL – TYPED/PRINTED

Signature of Tribal Official

Date