

# Registration Form

## Johnson O'Malley Program

How would you prefer to be contacted?  
 Email\_\_ Phone\_\_ Letter\_\_

*Eligibility requirements are: 3 years of age (by October 1<sup>st</sup>) through grade 12 and are a 1/4 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).*

Date: \_\_\_/\_\_\_/\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Student Name: \_\_\_\_\_  
(Print)

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_/\_\_\_/\_\_\_ E-mail address: \_\_\_\_\_  
MM DD YY

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

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

I am interested in learning more about becoming involved in my Indian Education Committee (IEC) 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 – Record minutes, Send minutes and meeting notices out.*

In an effort to best serve your child(s) education needs, we offer you the option to share specific information about your child(s) specific educational needs. (e.g. tutoring or excels academically, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 Name \_\_\_\_\_ Phone \_\_\_\_\_  
(PRINT)

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

Mark an X below to indicate your IEC By Law signature requirements

Participant Eligibility Verified By IEC Officer: \_\_\_\_\_

\_\_\_\_\_ (ByLaws Requires 1 Signature)

Participant Eligibility Verified By IEC Officer: \_\_\_\_\_

\_\_\_\_\_ (Bylaws Requires 2 Signatures)