



Osage Nation Johnson O'Malley Student Information

Student name:		
Grade:	Date of birth:	Male or Female
Name of federally recognized tribe:	Degree of blood:	
Mailing address Include city:		
Email address:		
Phone number:		
Name of school system Include town or city:		
<p>Please read the statement below and sign to verify the information. Attach a copy of the tribal card or document. It must be in the student's name.</p> <p>This form and a copy of the student's Indian CDIB or tribal enrollment card must be submitted before the student can receive any services. The student receiving Johnson O'Malley (JOM) school supplies, or services, must be enrolled in the identified school system named above.</p> <p>I certify the above information is true and accurate. I also understand the information may be confirmed for review and verification. If it is determined that I falsified any of this information, I will be subject to criminal jurisdiction in Osage Tribal Court and/or federal court under laws applicable to these funds.</p> <p>Signature of parent or legal guardian: _____ Date: _____</p> <p>Printed name of parent/legal guardian: _____</p>		