Date

ED 506 Form Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

udent Information
me of the Child Date of Birth Grade level
ame of SchoolSchool District
ibal Membership
e individual with Tribal membership is the (select only one): Ochild Ochild's parent Ochild's grandparent
the individual with Tribal membership is not the child listed above, name the individual (parent/grandparent) with bal membership:
ame <u>and</u> address of Tribe or Band that maintains updated and accurate membership data for the individual listed ove:
meAddress
tyStateZip Code
Tribe or Band is (select only one): O Federally Recognized Tribe O State Recognized Tribe O Terminated Tribe O Alaska Native O 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.
oof of membership in Tribe or Band listed above, as defined by Tribe or Band is: Membership or enrollment number establishing membership (if readily available) or Other evidence establishing membership in the Tribe listed above (describe and attach)
embership or enrollment number establishing membership (if readily available) or other evidence establishing membership the Tribe listed above (describe and attach).
testation Statement erify that the information provided above is true and correct to the best of my knowledge and belief.
nted Name of Parent/Guardian Signature
ldress City State Zip Code

Email

Phone Number ____