U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202  

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM  

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file 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.  

**STUDENT INFORMATION**  

Name of the Child ___________________________________________ Date of Birth ______________ Grade ______  
Name of School ______________________________________________________________________________________________  

**TRIBAL ENROLLMENT**  

Name of the individual with tribal enrollment: _______________________________________________________________  
(Individual named must be a descendent in the first or second generation)  
The individual with tribal membership is the: _____ Child _____ Child’s Parent _____ Child’s Grandparent  
Name of tribe or band for which individual above claims membership: _______________________________________________  
The Tribe or Band is (select only one):  
_____ Federally Recognized  
_____ State Recognized  
_____ Terminated Tribe (Documentation required. Must attach to form)  
_____ 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. (Documentation required. Must attach to form)  

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:  
A. Membership or enrollment number (if readily available) __________________________________________________________ OR  
B. Other Evidence of Membership in the tribe listed above (describe and attach) ________________________________________  

Name and address of tribe or band maintaining enrollment data for the individual listed above:  
Name ___________________________________________________ Address _________________________________________________  
City ______________________________ State _____ Zip Code ____________  

**ATTERTATION STATEMENT**  

I verify that the information provided above is accurate.  

Name Parent/Guardian __________________________________________ Signature ____________________________________________  
Address __________________________________________ City __________________________ State _____ Zip Code _________  
Email Address __________________________________________ Date __________________________