

# SAMPLE

OMB Number: 1810-0021 Expiration Date: 07/31/2019

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 JAMES FRANCIS THORPE Date of Birth 3/25/06 Grade 6<sup>TH</sup>  
(As shown on school enrollment records)  
Name of School MADISON MIDDLE SCHOOL

**TRIBAL ENROLLMENT**

Name of the individual with tribal enrollment: HIRAM THORPE  
(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: SAC AND FOX NATION

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) # 1877 OR ★
- B. Other Evidence of Membership in the tribe listed above (describe and attach) NOT READILY AVAILABLE  
IF NOT AVAILABLE ★

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name SAC AND FOX NATION Address 928883 S. HWY 99 BLDG A.  
City STRAUD State OK Zip Code 74879

FULL TRIBAL  
NAME + ADDRESS

**ATTESTATION STATEMENT**

I verify that the information provided above is accurate.

Name Parent/Guardian HIRAM THORPE Signature *Hiram Thorpe*  
Address 438 Seahawks Ave City Seattle State WA Zip Code 98106  
Email Address NATIVESUCCESS@gmail.com Date 11/11/2011