

## Family Enrollment Form Instructions

Dear Guardian(s)/Parent(s),

If you do **not** have the child's CDIB or proof of enrollment in a federally recognized tribe, please fill out the following form. This is a document that Madison will be sending to your tribal office to confirm your child can be counted towards these programs.

Please fill out:

- Student's information
- Mother/father or both of their information if they are enrolled in a federally recognized tribe.
- **I**f you are trying to prove descentance through a grandparent, also fill that section out

**If your child has proper documentation of their enrollment in a Federally Recognized Tribe they do not need to fill out the following form**

**TO: Enrollment Office**

**We wish to have our child counted as an Indian student by Madison School District No. 38 for the purpose of meeting the special educational needs of Indian children under Part C of the Indian Education Act (Title VI), A claim is hereby made that one of the persons listed below, through which my child is claiming eligibility (child, natural parent, or natural grandparents), has established membership with the \_\_\_\_\_ tribe.**

Student _____ Name _____	Father _____	Mother's Maiden
Date of Birth _____	Date of Birth _____	Date of Birth _____
Place of Birth _____	Place of Birth _____	Place of Birth _____
Tribe/Degree _____	Tribe/Degree _____	Tribe/Degree _____
Census/Enrollment Number _____	Census/Enrollment Number _____	Census/Enrollment Number _____

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Father's Father _____	Father's Mother _____
Date of Birth _____	Date of Birth _____
Place of Birth _____	Place of Birth _____
Tribe/Degree _____	Tribe/Degree _____
Census/Enrollment Number _____	Census/Enrollment Number _____

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Mother's Father _____	Mother's Mother _____
Date of Birth _____	Date of Birth _____
Place of Birth _____	Place of Birth _____
Tribe/Degree _____	Tribe/Degree _____
Census/Enrollment Number _____	Census/Enrollment Number _____

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**You are hereby authorized to release information that will support our claim with the \_\_\_\_\_ Tribe, \_\_\_\_\_, to the Madison School District (address of location) No.38 Indian Education Program, 5601 N.16<sup>th</sup> Street, Phoenix, AZ 85014**

**Thank you for your service.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**