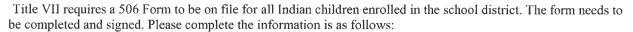
## Orange Unified School District

Title VI-Native American Program

1401 N. Handy Street Orange, CA 92867 Phone: (714) 628-4419 Fax: (714) 628-5809

nativeamericanprogram@orangeusd.k12.ca.us



Name of Child (write name as shown on school enrollment records); Date of Birth (child's date of birth); School Name (write in which school your child attends); Grade (write in child's current grade)

## Name of Tribe, Band or Group

What tribe is the child OR parent OR grandparent enrolled with?

## Tribes: Federal, State, Band or Group: (check one)

Federally Recognized means tribes that have reservations.

State Recognized means tribes that are state recognized but not federally recognized.

Band or Group Recognized means tribes recognized within a large tribe.

## Name of individual with tribal membership.

Who is the person enrolled?

Is the child enrolled with the tribe? Write down the child's name.

If the child is not enrolled with a tribe, are the parents enrolled? Write down the parent's name.

If the parents are not enrolled with a tribe, is the grandparent enrolled? Write down the grandparent's name.

## Proof of membership, as defined by tribe, band or group.

## A. Membership or enrollment number

This number is listed on enrollment certificate or it may be the social security number of the person enrolled with the tribe.

## B. Other (explain)

If the person does not have an enrollment certificate, list the document that verifies Indian blood. For example: Tribal Affidavit or BIA Degree of Indian Blood (CDIB). <a href="https://www.bia.gov/DocumentLibrary/index.htm">https://www.bia.gov/DocumentLibrary/index.htm</a>

## Name and address of organization maintaining membership data for the tribe, band or group: (Write the address of the tribe enrolled with)

Juaneño Band of Mission Indians: 31411 La Matanza At, Suite A, San Juan Capistrano, CA 92675

Navajo Nation: P.O. Box 9000, Window Rock, AZ 86039

Gabrielino-Tongva Tribe: 1999 Avenue of the Stars, Ste. 1100, Los Angeles, CA 90067-4618

(310)587-2203 E-mail: mailto:infola.gabrielinotribe.org

Cherokee Oklahoma: P.O. Box 948, Tahlequah, OK 74465-.0948 (918) 453-5000

Cherokee Eastern Band: Qualla Boundary, P.O. Box 455, Cherokee, NC 28719 (828) 497-4771

For other tribes, leave blank if you do know the address of the tribe.

Parent Signature: Please SIGN the form, without a signature the form

**Date:** Write in the date you completed the form.

#### **Mailing Address:**

Write your mailing address, phone number and e-mail address. This is only for contact information in case further information is needed. The address and phone number WILL NOT be given out to the public. All our records are kept in a locked filing cabinet.



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

<u>Parent/Guardian:</u> 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 INFORMATI          | <u>ON</u>   |                               |   |                       |
|----------------------------|---|-------------------------------|---|-----------------------|
| Name of the Child          |   |                               | Date of Birth   | Grade                 |
|                            |   |                               | Date of Birth   |                       |
| TRIBAL ENROLLMENT          |   |                               |   |                       |
| Name of the individua      | l with tribal enrollment                          | :                             | ne a descendent in the first or se  | <br>econd generation) |
|                            |   |                               | ld's Parent Child's Gra   |                       |
| Name of tribe or band      | for which individual at                           | oove claims membership: _     |   |                       |
| Feder State Termir Memb    | nated Tribe (Document<br>per of an organized Indi |                               | ch to form)<br>Fant under the Indian Education<br>Equired. Must attach to form) | Act of 1988           |
| Proof of enrollment in     | tribe or band listed ab                           | ove, as defined by tribe or l | band is:  |                       |
| A. Membership or en        | rollment number (if rea                           | dily available)               |   | OR                    |
| B. Other Evidence of       | Membership in the trib                            | e listed above (describe and  | d attach)   |                       |
| Name <u>and</u> address of | tribe or band maintaini                           | ng enrollment data for the    | individual listed above:  |                       |
| Name                       |   | Address                       |   |                       |
|                            |   | City                          | State   | Zip Code              |
| ATTESTATION STATEM         | <u>иент</u>                                       |                               |   |                       |
| I verify that the inform   | nation provided above i                           | s accurate.                   |   |                       |
| Name Parent/Guardia        | rdian Signature                                   |                               |   |                       |
| Address                    |   | City                          | State   | Zip Code              |
| Email Address              |   | Date                          |   |                       |

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

## INSTRUCTIONS FOR THE ED 506 FORM

## **FOR APPLICANTS:**

**PURPOSE:** To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

**MAINTENANCE:** A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

## FOR PARENTS/GUARDIANS:

**DEFINITION:** Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

**TRIBAL ENROLLMENT INFORMATION:** Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- Federally Recognized- an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- State Recognized- an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe**-a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- Organized Indian Group- 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.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

**ATTESTATION STATEMENT:** Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 07/31/2019.