

EXAMPLE

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.

Student Information

Name of the Child Thomas Whitefeather Date of Birth 10/25/13 Grade level 4

Name of School Jane Addams Elementary School District Seattle Public Schools

Tribal Membership

The individual with Tribal membership is the (select only one): child child's parent child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: Sheila Whitefeather

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name Confederated Tribes of the Yakama Nation Address PO Box 151

City Toppenish State WA Zip Code 98948 *NEED FULL NAME OF TRIBE AND ADDRESS

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- 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.

Proof 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)

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* IF MEMBERSHIP # NOT AVAILABLE, WRITE: "NOT READILY AVAILABLE"

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian Sheila Whitefeather Signature Sheila Whitefeather

Address 1234 45th St. City Seattle State WA Zip Code 98104

* MUST BE SIGNED

Phone Number 206-555-1234 Email example@gmail.com Date 10/15/24