



BISMARCK PUBLIC SCHOOLS

College, career, community ready

BISMARCK PUBLIC SCHOOLS JOHNSON O'MALLEY PROGRAM

1312 South Columbia Drive

Bismarck, ND 58504

701.323.4050 • FAX 701.323.4001

Directors - Dr. Jason Hornbacher / Charles Dalusong

Coordinator - Chadwick Kramer

PARENT/GUARDIAN: PLEASE COMPLETE AS MUCH INFORMATION AS YOU CAN.

Child's Full Name _____ Date of Birth _____

Is Child Enrolled? Y or N Enrollment Number _____ Degree of Blood _____

Nation (Tribe) _____

BIA Agency Address _____ State _____

Bismarck School Attending _____

Mother's Name (include maiden) _____ Date of Birth _____

Is Mother Enrolled? Y or N Enrollment Number _____ Degree of Blood _____

Nation (Tribe) _____

BIA Agency Address _____ State _____

Father's (biological) Name _____ Date of Birth _____

Is Father Enrolled? Y or N Enrollment Number _____ Degree of Blood _____

Nation (Tribe) _____

BIA Agency Address _____ State _____

I hereby authorize the Clerk of Enrollment/Director to release the named child's blood/enrollment numbers and or my degree of blood/enrollment numbers if the named child is not enrolled.

Release of Information, Authorization, Mother / Guardian

Release of information, Authorization, Father / Guardian

Date: _____

Mailing Address: _____

TRIBAL ENROLLMENT CLERK/DIRECTOR:

Please certify the degree of Indian Blood for the student named; if not enrolled, please certify the parent(s) named to determine eligibility of the named student. This request will be used to enroll the student in the Johnson O'Malley program of the Bismarck School District, if eligible. I hereby certify that I have checked the records available and do certify that the degree of Indian Blood of the individual(s) as listed on this report is correct.

Enrollment Clerk/Director

Date