



**BISMARCK PUBLIC SCHOOLS
JOHNSON O'MALLEY PROGRAM
806 N WASHINGTON ST • BISMARCK ND 58501
701.323.4050 • FAX 701.323.4001
DIRECTOR - Dr. Teresa Delorme Coordinator - Sue 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

Authorization release of information, Father / Guardian

Mailing Address: _____

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