

ONEIDA NATION YOUTH ENRICHMENT SERVICES (Y.E.S.) PROGRAM
Indian Student Eligibility Certification



Dear Parent/Guardian,

This is a voluntary program and students are not required to participate. However, if you do not complete and return this form, your child will not be eligible to participate in any Y.E.S. Program funded programs or activities.

Child's Name	Name of School	Grade	DOB	Degree of Blood	Enrollment #

NAME OF TRIBAL BAND: _____ Federally Recognized, including Alaskan Native: Yes () No ()
PROOF OF MEMBERSHIP, AS DEFINED BY TRIBAL BAND

NOTE: If child is not enrolled, please complete this section of the form.

Father's Name	DOB	Degree of Blood	Enrollment #
Mother's Name	DOB	Degree of Blood	Enrollment #
Grandmother's Name (Maternal/Paternal)	DOB	Degree of Blood	Enrollment #
Grandfather's Name (Maternal/Paternal)	DOB	Degree of Blood	Enrollment #

Address of Tribal Band Maintaining Membership Information:

Child lives with: _____ Relationship: _____
 Address: _____ Phone Number: _____

I hereby verify that the information provided above is accurate to best of my knowledge:

Parent/Guardian's Signature: _____ Date: _____

Mailing Address: _____ Home Phone Number: _____

_____ Work Phone Number: _____