



# Anchorage School District

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## Title VI Indian Education

5530 E. Northern Lights Blvd • Anchorage, AK 99504 • 907-742-4445 • <http://www.asdk12.org/titlevi>

2019-20 School Year

Dear Parent/Guardian,

Your child may be eligible to enroll in the Title VI Indian Education Program if you, your child, or his/her grandparent are an enrolled member of an

- American Indian tribe, band or group
- Alaska Native tribe

or if you, your child or a grandparent have a Certificate of Degree of Indian Blood.

Title VI Indian Education supports American Indian and Alaska Native students to meet and exceed state academic and cultural standards. Upon enrollment, your child will be eligible to participate in various (K-12) programs including

- Academic Tutoring
- Cultural Enrichment
- Cultural Connection Activities
- Summer Programs
- Career and post-secondary training and exploration
- Native Advisory Committee (parents too)

**Attached find a TITLE VI STUDENT ELIGIBILITY CERTIFICATION (506) FORM. Complete ALL of the 506 form and return the signed original to your child's school office. Be sure to include an enrollment number or a copy of documentation (CIB, village or tribal ID, etc.). The address of the 'Organization maintaining membership' is needed.**

The 506 form is needed for student eligibility and to generate federal funding for the Title VI Indian Education program. However, enrollment in the program does not obligate a student to participate.

Perhaps your family does not have documentation or declines eligibility for Title VI Indian Education services. Please write "No documentation" or "Decline" on the form, along with your student's name and date of birth. Then return it to your school office. If you change your mind or acquire documentation please contact the Title VI Indian Education office at 742-4449.

Sincerely,

*Doreen Brown*

Doreen Brown  
Senior Director  
Title VI Indian Education Program

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*Educating All Students for Success in Life*

Anchorage School Board Starr Marsett, President

Deena Mitchell, Vice President  
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Elisa Snelling, Treasurer  
Bettye Davis

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Andy Holleman

Superintendent Dr. Deena Bishop

**U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202  
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

**Parent/Guardian:** 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 INFORMATION**

Name of the Child Jimmy Neutron Date of Birth 07/20/2002 Grade 3  
(As shown on school enrollment records)  
Name of School Lindberg Elementary

**TRIBAL ENROLLMENT**

*\*Write the name of person enrolled with the tribe*

Name of the individual with tribal enrollment: Jimmy Neutron  
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the:  Child  Child's Parent  Child's Grandparent *\*Only check one box*

Name of tribe or band for which individual above claims membership: White Mountain Apache Tribe  
*\*Must write out full name of village or tribe*

The Tribe or Band is (select only one):

- \*Only check one box*  Federally Recognized
- State Recognized
- Terminated Tribe (Documentation required. Must attach to form)
- 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is: *\*Enrollment # must be provided*

A. Membership or enrollment number (if readily available) 123-45-6789 OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) CIB  
*\*Copy of documentation must be attached*

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name Bureau of Indian Affairs Address 3601 C. St Suite 1100  
*\*Address must be for the village or tribe Not personal address*  
City Anchorage State AK Zip Code 99504

**ATTESTATION STATEMENT**

I verify that the information provided above is accurate.

*\*Form is void without signature*

Name Parent/Guardian Judy Neutron Signature \_\_\_\_\_

Address 1234 A Street City Anchorage State AK Zip Code 99508

Email Address \_\_\_\_\_ Date 09/22/17

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**STUDENT INFORMATION**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
(As shown on school enrollment records)

Name of School \_\_\_\_\_

**TRIBAL ENROLLMENT**

Name of the individual with tribal enrollment: \_\_\_\_\_  
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's Grandparent

Name of tribe or band for which individual above claims membership: \_\_\_\_\_

The Tribe or Band is (select only one):

- \_\_\_\_\_ Federally Recognized
- \_\_\_\_\_ State Recognized
- \_\_\_\_\_ Terminated Tribe (Documentation required. Must attach to form)
- \_\_\_\_\_ 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) \_\_\_\_\_

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ATTESTATION STATEMENT**

I verify that the information provided above is accurate.

Name Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_