

JOHNSON-O'MALLEY ENROLLMENT SHEET

PLEASE FILL IN:

Today's Date _____

Enrollment FY _____

Verified by: _____

MCN JOM OFFICE

STUDENT NAME: _____ COUNTY: _____

SCHOOL DISTRICT NAME:

DATE OF BIRTH

GENDER

GRADE

TRIBE

DEGREE

STUDENT JOM ID# _____

(Assigned by JOM Office)

Please attach a copy of tribal citizenship or CDIB card to the front of this form.
Document will be scanned so please use tape and not staples or glue.

FRONT OF CARD

BACK OF CARD

REMARKS:

STUDENT STATUS:

ACTIVE

INACTIVE

TRANSFERRED TO: _____ TRANSFERRED FROM: _____