

Application for Johnson O'Malley (JOM) Program

CONFEDERATED TRIBES OF SILETZ INDIANS OF OREGON – EDUCATION DEPARTMENT
SALEM AREA EDUCATION SPECIALIST- SONYA MOODY-JURADO
3160 BLOSSOM DR. NE SUITE 105; SALEM, OR 97301
503-390-9494 FAX: 503-390-8099

To qualify for the JOM program, your child must be a student and enrolled or eligible to enroll in a Tribe. If your child is not eligible or currently enrolled in a Tribe your child will not be eligible for the JOM Program.

STUDENT INFORMATION:

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
MAILING ADDRESS		CITY AND ZIP CODE	
RESIDENT ADDRESS (IF DIFFERENT THAN MAILING IF NOT LEAVE BLANK)		CITY AND ZIP CODE	
COUNTY OF RESIDENCE	HOME PHONE	DAYTIME PHONE	MESSAGE PHONE
TRIBAL AFFILIATION		ENROLLMENT NUMBER	BLOOD DEGREE
SCHOOL ATTENDING			GRADE
LIST ANY ILLNESS OR MEDICAL CONDITION THAT MAY AFFECT STUDENTS PARTICIPANT IN THE JOM PROGRAM			

STUDENT'S PARENTS INFORMATION:

MOTHER'S NAME	TRIBE(S)
FATHER'S NAME	TRIBE(S)

INFORMATION ON OTHER CHILDREN WHO RESIDE IN THE HOUSEHOLD:

NAME	AGE	NAME	AGE

EMERGENCY CONTACT INFORMATION:

NAME OF CONTACT PERSON	RELATIONSHIP TO STUDENT
STREET ADDRESS	TELEPHONE NUMBER(S)

SIGNATURE OF PERSON COMPLETING THIS FORM:

X

SIGNATURE, RELATIONSHIP TO STUDENT

TODAY'S DATE

Office Only: Update Moved Graduated Dropped Out

