



506 FORM WILL REMAIN ACTIVE WHEN TRANSFERRING WITHIN OR RE-ENROLLING WITH THE DISTRICT, ONLY IF YOUR CHILD CHANGES THEIR LEGAL NAME OR TRIBAL ENROLLMENT AFFILIATION A NEW FORM IS REQUIRED.

The ED506 form is solely used for Title VI – Indian Education grant application. The form assists our process when we apply for the application. Title VI funds Reading Specialists, Instructional Assistants, reading/math/cultural supplies, and the yearly calendar. Please complete the information to continue our efforts to meet the unique needs of our native students:

Student Information

Name of Child [write name as shown on school enrollment records]; **Date of Birth** [child's date of birth]; **Grade** [write in child's current grade]; **Name of School** [write in which school your child attends: Whiteriver Elementary, Cradleboard Elementary, Seven-Mile Elementary, Canyon Day Junior High, or Alcheyay High School]; **School District** [Whiteriver Unified School District]

Tribal Membership

The individual with tribal membership is the (select only one): child child's parent child's grandparent. [Fill in "O" stating who the person with tribal enrollment is]

If the individual with Tribal membership is not the child listed above, name the individual (parent/grandparent) with tribal membership: [Are the parents or grandparents enrolled with a tribe? Write down parents name or the grandparents name.]

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name [write name of tribe individual claims membership] **Address** [write in mailing address, if WMAT-PO Box 700]
City [Whiteriver] **State** [AZ] **Zip Code** [85941]

[Salt River Pima-Maricopa: *Route 1, Box 216, Scottsdale, AZ 85256* Hopi Tribe: *P.O. Box 123, Kykotsmovi, AZ 86039*
 Navajo Nation: *P.O. Box 9000, Window Rock, AZ 86039* San Carlos Apache Tribe: *P.O. Box 0, San Carlos, AZ 85550*
 Tonto Apache: *Tonto Reservation #30, Payson, AZ 85541* Gila River: *P.O. Box 97, Sacaton, AZ 85247*
 Fort McDowell: *P.O. Box 17779, Fountain Hills, AZ 85269* Yavapai-Apache: *P.O. Box 1188, Camp Verde, AZ 86322*
 Tohono O'odham: *P.O. Box 837, Sells, AZ 85634* For other tribes, ask office staff to look up address]

The Tribe or Band is (select only one): [Fill in "O" that best applies]

- Federally Recognized Tribe** [WMAT, SCAT, NN, Hopi, etc.]
- State Recognized Tribe**
- Terminated Tribe**
- Alaska Native**
- 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.**

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

- Membership or enrollment number establishing membership (if readily available) or**
This number is listed on enrollment certificate or Tribal ID.
- Other Evidence of Membership in the tribe listed above (describe and attach)**
Example: Tribal Affidavit or BIA Degree of Indian Blood

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). [if social security # on enrollment certificate -- use last 4 digits]

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian [Clearly write name] **Signature** [**SIGN the form, not valid if it is not signed**]

Address/City/State/Zip Code [Write your mailing address and phone number. This is only for contact information in case further information is needed. The address and phone number WILL NOT be given out to the public. All records are kept in a locked filing cabinet.]

Phone Number [only needed for any clarifications] **Email Address** [only needed for clarifications] **Date** [**Write in the date you completed the form**]