 Indian Education Grant Consortium  
 Chippewa Valley Schools L’Anse Creuse Public Schools

New Haven Community Schools Richmond Community School District

19120 Cass Avenue, Clinton Township, MI 48038

Phone: (586)723-2042 Fax: (586)723-2021

INDIAN EDUCATION SURVEY

All survey answers (#1 - 8) must be completed as Part 1 of the Registration Process

Part 2 is mailed to your home upon receipt and approval of this survey

1. District (circle one): Chippewa Valley Schools L’Anse Creuse Public Schools

New Haven Community Schools Richmond Community Schools

1. Student(s) Information (preschool through 12th grade):

|  |  |  |  |
| --- | --- | --- | --- |
| Student First & Last Name | School Attending | Grade | Birthdate |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Parent/ Guardian Information

|  |  |
| --- | --- |
| Parent/Guardian Name: |  |
| Address: |  |
| City & Zip Code: |  |
| Phone Number: |  |
| Email (please specify numbers or letters such as “1” “0” or “l” “O”: |  |

1. Which individual has tribal membership? Mother Father Grandmother Grandfather
2. Please provide the full name of the person who holds American Indian ancestry (include maiden name if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name of the Tribe of American Indian ancestry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Visit <http://www.ncsl.org/research/state-tribal-institute/list-of-federal-and-state-recognized-tribes.aspx>

to determine is the Tribe (circle one): State Recognized Federally Recognized

1. Please indicate the state or area of the country your ancestor was from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_