



Coquitlam School District 43  
**Indigenous Education Department**

1432 Brunette Avenue, Coquitlam, BC V3K 1G5

604-945-7386

[abedinfo@sd43.bc.ca](mailto:abedinfo@sd43.bc.ca)

<http://www.sd43.bc.ca/AbEd>

**Self-Identification of Indigenous Ancestry  
(First Nation, Métis or Inuit)**

**\*\*Please fill out only if student has Indigenous Ancestry – one form per child\*\***

Indigenous Ancestry is determined on a voluntary basis through self-identification. This includes First Nations (status/Non-Status), Métis or Inuit Ancestry. **No documentation other than this self-identification is required and the ancestry can go back several generations.**

Student Name: \_\_\_\_\_ Indigenous Ancestry: \_\_\_\_\_ (Yes)

Specify Ancestry if known: \_\_\_\_\_ (e.g. Coast Salish, Sto:lo, Cree, Métis, Inuit, etc.)

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

D. O. B.: \_\_\_\_\_ (Month/day/year) Gender: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Siblings: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
(with ancestry)

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**Parent / Guardian Consultation and Consent to Services**  
Indigenous Education Enhanced Support Services

(some services may be limited by site)

- |   |   |
|---|---|
| <input type="checkbox"/> Academic / Social / Emotional Support                  | <input type="checkbox"/> Cultural Enrichment                |
| <input type="checkbox"/> Home-School communication (letters, phone calls, etc.) | <input type="checkbox"/> Community Events                   |
| <input type="checkbox"/> Monitoring of academic progress and attendance         | <input type="checkbox"/> Leadership / Conference            |
| <input type="checkbox"/> Graduation/Scholarship/Bursary/Post-Secondary Info     | <input type="checkbox"/> Breakfast / Lunch Program / Snacks |
| <input type="checkbox"/> Rites of Passage (transition)                          | <input type="checkbox"/> Field Trips                        |

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**Comments:**

\*By signing below, I acknowledge that my son/daughter is of Indigenous Ancestry (First Nations, Métis, Inuit)

\*I give consent for my child to access the programs and services available through the Indigenous Program.

\*This signature is considered consent for the duration of the student’s enrollment in their current school.

\*Consent can also be given verbally by phone or by email to your Indigenous Youth Worker. To revoke the consent, you must contact the Indigenous Program office at 604-945-7386 or email [abedinfo@sd43.bc.ca](mailto:abedinfo@sd43.bc.ca).

\_\_\_\_\_  
(Parent/Guardian Signature or Youth Worker Communication Consult)

\_\_\_\_\_  
(Date Signed)

**\*Please return this form to your child’s school ASAP. If you have any questions, please call 604-945-7386.**