  Coquitlam School District 43

Aboriginal Education Department

 1432 Brunette Avenue, Coquitlam, BC V3K 1G5

 604-945-7386

abedinfo@sd43.bc.ca

**Self-Identification of Aboriginal Ancestry**

**(First Nation, Metis or Inuit)**

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

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

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

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

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

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

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

Siblings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(with ancestry)

**Parent / Guardian Consultation and Consent to Services**

Aboriginal Education Enhanced Support Services

(some services may be limited by site)

□ Academic / Social / Emotional Support □ Cultural Enrichment

□ Home-School communication (letters, phone calls, etc). □ Community Events

□ Monitoring of academic progress and attendance □ Leadership / Conference

□ Graduation/Scholarship/Bursary/Post-Secondary Info **□** Breakfast / Lunch Program / Snacks

□ Rites of Passage (transition) □ Field Trips

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\*I give consent for my child to access the programs and services available through the Aboriginal 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 Aboriginal Youth Worker. To revoke the consent you must contact the Aboriginal Program office at 604-945-7386 or email 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.**