



## 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: \_\_\_\_\_ Birthdate (Month/Day/Year): \_\_\_\_\_

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

How do you Identify?    First Nations (Status)    First Nations (Non-Status)    Métis    Inuit

Band Affiliation (e.g. Coast Salish, Cree, Inuit, Métis, Sto:lo, etc): \_\_\_\_\_

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

Email: \_\_\_\_\_

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

### Indigenous 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/Snack |
| ✓ Field Trips   |                                 |

- By signing below, I acknowledge that my child 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 for the duration of the student's enrollment in Elementary/Middle/High 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 Education Department 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 as soon as possible.  
If you have any questions, please call 604-945-7386.**