

□ Breakfast / Lunch Program / Snacks

# 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:		In	digenous Ancestry:	(Yes)
Specify Ancestry if known:		(e.g	. Coast Salish, Sto:lo, Cree	e, Métis, Inuit, etc.)
School Name:	Grade:			
D. O. B.:		(Month/day/year)	Gender:	
Home Phone #:	Cell #:	Ema	il:	
Siblings: (with ancestry)		School:	Gr	ade:

Parent / Guardian Consultation and Consent to Services				
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			

## □ Monitoring of academic progress and attendance

□ Graduation/Scholarship/Bursary/Post-Secondary Info

### □ Rites of Passage (transition)

### **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.

(Parent/Guardian Signature or Youth Worker Communication Consult)

(Date Signed)

□ Field Trips

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