



Coquitlam School District 43
Indigenous Education Department

1432 Brunette Avenue, Coquitlam, BC V3K 1G5

604-945-7386

abedinfo@sd43.bc.ca

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

**Self-Identification of Indigenous Ancestry
(First Nation, Metis 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), Metis 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, 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
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 |

Comments:

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

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