



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

Parent/Guardian Consultation

Student's Legal Name: _____ Birth Date: ____/____/____ (mm/dd/yyyy)

- First Nations Status or First Nations Non-Status
 Metis Inuit

School: _____ Grade: _____ Pupil #: _____

Cell #: _____ E-mail: _____

Indigenous Programs/Services (Not all programs/services are available in all schools)

Please indicate of the following two categories what opportunities you would like us to provide for your student. If you wish to have both, please check both boxes.

- Indigenous Culture and Language** **Indigenous Support Services(academics)**

<i>Ancestral Identity</i>	<i>Academic Support</i>
<i>Leadership Opportunities Grade 7-12</i>	<i>Student Advocacy</i>
<i>Development of Sense of Place</i>	<i>Course Selection/Credit development</i>
<i>Cultural gatherings/presentations</i>	<i>Post-Secondary Information Session</i>
<i>Language Awareness</i>	<i>Graduation/Scholarship/Bursary</i>
<i>Home-School Liaison/Support (emails, phone calls, meetings etc.)</i>	<i>Post-Secondary: Access to relevant resources</i>

The information on this form is collected under the authority of the *School Act* and the *Freedom of Information and Protection of Privacy Act (FIPPA)* and pursuant to School District No. 42 (Maple Ridge – Pitt Meadows) Board Policy 5700 and Board Procedures 5700.1 and 5700.2. The information will be used by the School District for the purposes of offering, delivering, and/or administering Indigenous Education Programs/Services to students. If you have any questions or concerns about the collection, use or disclosure of the personal information collected please email privacy@sd42.ca. Please check off the box indicating you have read this information.

I, as the parent or legal guardian of this student, give my consent to the collection, use and disclosure of the personal information included in this form. I acknowledge that my child is of Indigenous Ancestry (First Nations, Metis or Inuit) and I am aware of the programs and services available through the Indigenous Education Program.

 (parent/guardian signature)

 (date signed (mm/dd/yyyy))

PARENTS/GUARDIANS: please return this form by scanning/emailing it to abed@sd42.ca, or take it to your child's school. If you have any questions, please email sharon_hack@sd42.ca, or call (604)466-6265.

For Office Use Only: (if contact was not made in person)

Communication via: Phone____ Email____ Other_____

Contact Name: _____ Parent____or Guardian____

Staff Name: _____ Date: _____