



ABORIGINAL PROGRAM
Langley School District #35
4875-222nd Street, Langley, B.C. V3A 3Z7



Self-Identification of Aboriginal Ancestry (First Nations, 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 or 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. Sto:lo, Cree, Inuit, Metis, etc.)

School Attending: _____ Grade: _____

Student Birth Date: _____ (month/day/year) Male: _____ Female: _____

Home Phone #: _____ Cell #: _____ Email: _____

Siblings: _____ Grade: _____ School: _____
(with ancestry)

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

Parent/Guardian Consultation and Consent to Service

Aboriginal Education Programs/Services

- | | |
|--|---|
| • Academic and Personal Support | • Early Literacy/Numeracy Intervention |
| • Home-School communication (letters, phone calls, etc.) | • PALS Program |
| • Monitoring of academic progress and attendance | • Newsletter |
| • Cultural enrichment | • In-class Cultural Presentations/Events |
| • Graduation/Scholarship/Bursary/Post-Secondary Info | • Leadership Conference/Transition Conference |

Comments: _____

*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 Support Worker. *To revoke this consent you must contact the Aboriginal Program office at 604-888-4819.

*I give permission for my son/daughter's picture to be used in newsletters, webpage, etc. ____Yes____No

(Parent/Guardian Signature)

(Date Signed)

(Print Parent/Guardian Name)

(Address - if changed)

***Please return this form to your child's school ASAP. If you have any questions, please call 604-888-4819.**