



ABORIGINAL PROGRAM  
Langley School District #35  
4875-222<sup>nd</sup> 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 student\*\***

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) Gender: \_\_\_\_\_

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

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

\*By signing below I acknowledge that the above-named student is of Aboriginal Ancestry (First Nations, Metis or Inuit)

### Parent/Guardian/Caregiver Consultation and Consent to Service

#### Aboriginal Education Programs/Services

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

Comments: \_\_\_\_\_

\*I give consent for the above-named student 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 778-736-0736.

\*I give permission for the above-named student's picture to be used in newsletters, webpage, etc. ☐ Yes ☐ No

\_\_\_\_\_  
(Parent/Guardian/Caregiver Signature)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Print Parent/Guardian/Caregiver Name)

\_\_\_\_\_  
(Address - if changed)

Please return this form to the above-named student's school ASAP. If you have any questions, please call 778-736-0736.