



**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 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

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Academic and Personal Support</li> <li>• Home-School communication (letters, phone calls, etc.)</li> <li>• Monitoring of academic progress and attendance</li> <li>• Cultural enrichment</li> <li>• Graduation/Scholarship/Bursary/Post-Secondary Info</li> </ul> | <ul style="list-style-type: none"> <li>• Early Literacy/Numeracy Intervention</li> <li>• PALS Program</li> <li>• Newsletter</li> <li>• In-class Cultural Presentations/Events</li> <li>• Leadership Conference/Transition Conference</li> </ul> |
|--|---|

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.**