

INDIGENOUS EDUCATION STUDENT IDENTIFICATION / CONSENT FORM 2024-2025

NOTE: COMPLETE ONLY IF YOU HAVE INDIGENOUS ANCESTRY AND IF YOU ARE A NEW REGISTRANT

Student's Name: _____

School: _____

Grade: _____

Date of Birth: _____ / _____ / _____ Male ____ Female ____

PART 1

- ☐ Métis
- ☐ Inuit
- ☐ First Nations Status Band of origin _____
- ☐ First Nations Non Status Band of origin _____

PART 2

- ☐ Living on reserve Band of residence _____
- ☐ Living off reserve

PART 3

- ☐ I consent to my child to being involved in the Indigenous Programs. I understand that they will **NOT** be pulled out of class for these programs without my permission.
- ☐ I do **NOT** consent to my child to being involved in the Indigenous Programs

PART 4

Signature (Parent / Guardian) Date Phone number

FOR OFFICE USE ONLY

Follow up by: _____

Date: _____

Phone/Meeting with : _____ (Parent / Guardian).

Comments: _____

Copy to INED: _____