

**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

<input type="checkbox"/>	Métis	
<input type="checkbox"/>	Inuit	
<input type="checkbox"/>	First Nations Status	Band of origin _____
<input type="checkbox"/>	First Nations Non Status	Band of origin _____

PART 2

<input type="checkbox"/>	Living on reserve	Band of residence _____
<input type="checkbox"/>	Living off reserve	

PART 3

<input type="checkbox"/>	I consent to my child to being involved in the Indigenous Programs. I understand that they will <b>NOT</b> be pulled out of class for these programs without my permission.
<input type="checkbox"/>	I do <b>NOT</b> 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: \_\_\_\_\_