

INDIGENOUS EDUCATION STUDENT IDENTIFICATION / CONSENT FORM 2026 2027

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 ____ Other ____

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: _____