

INDIGENOUS EDUCATION STUDENT IDENTIFICATION / CONSENT FORM 2025 2026

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 NOT be pulled out of class for these programs without my permission.
<input type="checkbox"/>	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: _____