



District School Board Ontario North East

First Nations, Metis and Inuit Voluntary Self-Identification and Registration



Parent/Guardian Consultation

This form is requested for your son/daughter to have access to the services and/or programs listed below.

Student Name:

Date:

YEAR MONTH DAY

Birth Date:

YEAR MONTH DAY

Male: Female:

First Nation Affiliation:

Métis:

Inuit:

Have you relocated from a First Nation? Yes No Date of relocation?

Summary of Programs/Services Offered

(Not all programs/services are available at all schools)

- Academic support
- Aboriginal Youth Liaison Officers
- Programs and referral services
- Home-School communication (letters, phone calls, etc.)
- Monitoring of academic progress and attendance
- School-wide programs/events (e.g. Aboriginal Day K-12)
- Early Literacy/Numeracy intervention
- Homework club
- Newsletter
- Cultural Events/Presentations
- Leadership Conference (Gr. 8-12)
- Graduation/Scholarship/Bursary post-secondary information

I acknowledge that my son/daughter is of Aboriginal Peoples (First Nations, Metis and Inuit descent living both on and/or off First Nations communities).

(Parent/Guardian Signature)

(Date Signed)

(Staff Signature)

(Date of Consultation)

Comments:

PARENTS/GUARDIANS: PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL

For further information, please call your Superintendent of Schools at 800-381-7280 or 705-360-1151