

School District No. 85 Vancouver Island North



Aboriginal Programs

6975 Rupert Street (Box 90)
Port Hardy, B.C. V0N 2R0
Phone: (250) 949-6618
Fax: (250) 949-8792

Self Identification of Aboriginal Ancestry

Parent/Guardian Consultation

Aboriginal Ancestry is determined on a voluntary basis through self-identification. This includes First Nations (Status or Non-Status), Métis or Inuit Ancestry. No documentation other than this self-identification is required and the ancestry can go back several generations.

Student Name: _____ Birth Date: ____/____/____
(month/day/year)

School: _____ Grade: _____ E-mail: _____

Home Phone #: _____ Work Phone #: _____ Cell #: _____

- On Reserve Off-Reserve Status
Non-Status Métis Inuit

Aboriginal Education Programs/Services

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

- Cultural learning activities Academic support
School to Home communication (phone calls, texts, etc.) Cultural programs (Elementary)
Monitoring of academic progress and attendance Role Model Program/Elders in Residence
Special events, presentations, field trips Scholarship/Bursary information events

Academic /Homework Support Requested Other Requests _____

I acknowledge that my son/daughter is of Aboriginal Ancestry (First Nations, Metis or Inuit) and I am aware of the programs and services available through the Aboriginal Education Program.

In order to meet accountability guidelines and ensure the best available ongoing support to each of our Aboriginal learners, School District No. 85's Aboriginal Programs team members use the US based SurveyMonkey program to document services to our students. To ensure as much privacy as possible for our students, information included will only show first name and initial of last name, along with services received, and relevant notes.

(Please check one)

I consent to Aboriginal Programs' use of SurveyMonkey I do not consent to Aboriginal Programs' use of SurveyMonkey

X
Parent/guardian signature

X
Date signed

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

If you have any questions or require further clarification, please call (250) 949-6618

FOR OFFICE USE ONLY: (If consultation is other than in person):

Consultation via: Phone E-mail Fax Other _____

Consulted with (name): _____ Relationship to Student: _____

SD85 Staff Signature

Date of Consultation

School: _____

Comments: _____

Academic/Homework Support Requested

Other Request: _____

FOR OFFICE USE ONLY: (If consultation is other than in person):

Consultation via: Phone E-mail Fax Other _____

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Academic/Homework Support Requested

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