

Indigenous Education Consultation Form



Indigenous
Education

Indigenous Education Consultation Form to be completed by parents/guardians:

Student Name: _____ Birthdate: _____

This confirms that my child has Indigenous Ancestry.

Circle One: **First Nations** **Métis** **Inuit**

If First Nations, list Nation (if known): _____

Circle One if First Nations: Status Non-Status

Circle One if First Nations: On-Reserve Not-On-Reserve

The Indigenous Education Enhancement Agreement goals are:

Goal #1 -- Student Success

*Indigenous students will be supported to develop their full potential in all aspects of school life.
I.e. Reading, academics, attendance, in career programs and graduating.*

Goal #2 -- Cultural Identity

Students will learn about their own Indigenous cultural identity and connect with their ancestry in a meaningful way. When Indigenous students know their identity, who they are and where they have come from, they will develop a positive sense of self and belonging.

Goal #3 -- Equity and Access

Indigenous students thrive in an environment that supports equity and access to all opportunities in schools.

What programs and services as part of the enhanced services in the Indigenous Program, would you like to see at your child's school?

My child is of Indigenous ancestry and my signature acknowledges that I have been consulted by the Abbotsford School District regarding the Indigenous enhancement service.

Parent or Guardian Signature

Date Signed