



*School District #33 - Chilliwack*  
**Aboriginal Education**  
**- Self Identification of Aboriginal Ancestry -**  
*(First Nations, Aboriginal, Métis or Inuit)*  
**2019/2020**

**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: \_\_\_\_\_ Gender: M / F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

Status:  Non-Status:  Band of Origin \_\_\_\_\_ Métis:

Off Reserve:  On-Reserve:  Band of Residence \_\_\_\_\_ Inuit:

Address \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Aboriginal Education Programs/Services**  
*(Programs offered may vary)*

- Academic support
- Home-School communication (letters, phone calls, etc.)
- Monitoring academic progress and attendance
- Grade 3 Longhouse Tour, Longhouse Extension Program
- Graduation/Scholarship/Bursary /Post Secondary Info
- Early Literacy/Numeracy intervention
- Homework Club
- Halq'eme'ylem Language
- Cultural events/presentations
- Leadership Conference (Secondary)

**PARENTS/GUARDIANS: PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL**  
*If you have any questions or require further clarification, please contact the school or call the  
Aboriginal Education Department at (604) 701-6175 [www.aboriginaled.sd33.bc.ca](http://www.aboriginaled.sd33.bc.ca)*

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.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
*(parent/guardian signature) print name (date signed)*

**For Office Use Only:** *(If consultation is other than in person)*

Consultation via: Phone \_\_\_\_ E-Mail \_\_\_\_ Fax \_\_\_\_ Other \_\_\_\_\_

Consulted with: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

\_\_\_\_\_  
*(staff signature)* \_\_\_\_\_  
*(date of consultation)*

Comments \_\_\_\_\_