

# 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