



Aboriginal Education
District School Board Ontario North East



Self Identification of Aboriginal Ancestry

Parent/Guardian Consultation

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

Student Name: _____ Date: ____/____/____
Month Day Year

Birth Date: ____/____/____ Male: _____ Female: _____ Status: _____
Non-Status: _____
Month Day Year Métis: _____ Inuit: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ E-Mail: _____

School: _____ Grade: _____

First Nation Affiliation: _____

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)

- | | |
|---|---|
| <ul style="list-style-type: none"> ▪ 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) | <ul style="list-style-type: none"> ▪ 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 Ancestry (Status, Non-Status, Métis or Inuit) and I have been consulted regarding the programs and services that are available for my child through the Aboriginal Education Program.

(Parent/Guardian Signature)

(Date Signed)

Or, if consultation is other than in person:

(Staff Signature)

(Date of Consultation)

Contacted via: Phone Email Fax Other _____

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