



School District No. 42 Maple Ridge – Pitt Meadows

Aboriginal Education

20905 Wicklund Avenue, Maple Ridge, B.C. V2X 8E8

Phone: (604) 466-6265 Fax: (604) 466-6265

<http://schools.sd42.ca/abed/>



ABORIGINAL EDUCATION SELF IDENTIFICATION FORM

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: _____ Status: _____ Non-Status: _____

Birth Date: _____ / _____ / _____ Male: _____ Female: _____ Métis: _____ Inuit: _____
(month/day/year)

Home Phone #: _____ Work Phone #: _____

Cell #: _____ E-mail: _____

School: _____ Grade _____ Pupil #: _____

Aboriginal Education Programs/Services

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

- Home-School Liaison/Support (home visits, phone calls, etc.)
- Educational Support
- Course Selection/Credit development
- Cultural events/presentations
- Graduation/Scholarship/Bursary /Post-Secondary Information
- Career Fair
- Student Advocacy
- Newsletter
- Development of Sense of Place
- Ancestral Pride
- Leadership Conference (Sec.)
- Development of Options

Academic /Homework Support Requested: _____ Other Request: _____

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)

(date signed)

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

Consultation via: Phone _____ E-Mail _____ Fax _____ Other _____

(Staff signature)

(Date of consultation)

Goal for Student: _____