



ABORIGINAL PROGRAM
 Langley School District #35
 4875-222nd Street, Langley, B.C. V3A 3Z7



**Self-Identification of Aboriginal Ancestry
 (First Nations, Metis or Inuit)**

Please fill out only if student has Aboriginal ancestry - one form per child

Aboriginal Ancestry is determined on a voluntary basis through self-identification. This includes First Nations (Status or Non-Status), Metis or Inuit Ancestry. No documentation other than this self-identification is required and the ancestry can go back several generations. As required by the Ministry of Education, this form needs to be signed and returned every school year.

Student Name: _____ Aboriginal Ancestry: ___Yes

Specify Ancestry if known: _____ (e.g. Sto:lo, Cree, Inuit, Metis, etc.)

School Attending: _____ Grade: _____

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

Home Phone #: _____ Cell #: _____ Email: _____

Siblings: _____ Age: _____ School: _____
 (with ancestry)

Parent/Guardian Consultation

Aboriginal Education Programs/Services

- | | |
|--|--|
| • Academic and Personal Support | • Early Literacy/Numeracy Intervention |
| • Home-School communication (letters, phone calls, etc.) | • Kindergarten Eagle/PALS Program |
| • Monitoring of academic progress and attendance | • Newsletter |
| • Xa:ytem Interpretive Centre (Hatzic Rock, all Grade 7's) | • In-class Cultural Presentations/Events |
| • Graduation/Scholarship/Bursary/Post-Secondary Info | • Leadership Conference |

Comments: _____

*By signing below 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 Program.

*I give permission for my son/daughter's picture to be used in newsletters, webpage, etc. ___Yes___ No

 (Parent/Guardian Signature)

 (Date Signed)

 (Print Parent/Guardian Name)

 (Address - if changed)

*Please return this form to your child's school ASAP. If you have any questions, please call 604-888-4819.