

PLEASE COMPLETE AND RETURN TO SCHOOL



Aboriginal Nations Education STUDENT IDENTIFICATION FORM



Student's Name: _____ School: _____

Date of Birth: ____/____/____ Male Female Grade: _____
 YY MM DD

Status
Aboriginal Inuit
Ancestry: Non-Status
 Métis

If Status, indicate if **Off Reserve** or **ON Reserve**:
 Off Reserve On Reserve
Band of Residence: Songhees Esquimalt
Other: (please specify): _____
DIA Band Name: _____
DIA Status No.: _____

Parent/Guardian Name (please print)

Parent/Guardian Signature

Email address: _____

Date: _____

If you have any questions, please feel free to contact the school.

For School Use Only:

Date: _____ Parent/Guardian consent to participate in Aboriginal Programs:

VERBAL or MEETING

PLEASE RETAIN A COPY OF THIS FORM IN THE STUDENT'S CIRCLE OF CONNECTEDNESS OR MAIN STUDENT FILE

If you have Aboriginal Nations Education staff in your school, please have a copy filed with them also.