## **Indigenous Education Consultation Form**



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 potent I.e. Reading, academics, attendance, in career programs and grad Goal #2 Cultural Identity Students will learn about their own Indigenous cultural identity at Indigenous students know their identity, who they are and where and belonging. Goal #3 Equity and Access Indigenous students thrive in an environment that supports equit	duating. nd connect with their ances they have come from, they	try in a meaningful way. When will develop a positive sense of self
What programs and services as part of the enhanced services your child's school?	ces in the Indigenous Pro	gram, would you like to see at
My child is of Indigenous ancestry and my signature acknowledg regarding the Indigenous enhancement service.  Parent or Guardian Signature	es that I have been consult	ed by the Abbotsford School District

