



Siwal Si'wes (Our forefathers' teachings)
 Indigenous Education, School District 75 (Mission)

32444 7th Avenue Mission, B.C. V2V 2B5
 (Tel) 604-826-3103 (Fax) 604-820-2850

Parent/Caregiver Consultation Form



DATE (d/m/y): _____

Signature of Indigenous Liaison Worker: _____

Name of Indigenous Liaison Worker (print): _____

To the Parents/Caregivers of children with Indigenous Ancestry (First Nations (Status/Non-Status), Métis and/or Inuit) in Mission Public School District 75,

Siwal Si'wes Indigenous Department of SD75 offers academic and cultural support for students to participate in while attending Mission Public Schools. The programs are provided in accordance with the Ministry of Education Guidelines for Indigenous Education and in consultation with our Siwal Si'wes Indigenous Advisory Council.

The Siwal Si'wes Indigenous Department of SD75 provides the following types of supports for children and youth of Indigenous ancestry attending SD75 schools, and includes but is not limited to cultural, social-emotional, healthy living, attendance support and classroom (academic) supports.

These supports are provided through an Indigenous lens and can happen in the classroom, or in small groups or individually (one-on-one), depending on the needs of the child and vision of the school.

All schools are staffed with a Siwal Si'wes Indigenous Liaison Worker who is an active school team member. This person liaises and collaborates with school staff (including teachers, counselors, youth care workers and administrators), and parents and caregivers, all with the best interest of the child and/or youth at front and centre. With parent permissions, they liaise with local community service/outreach organizations many of whom who provide supports specifically for Indigenous children, youth and families.

Please complete this form and return it to your child's school. One completed form per family is necessary. Please list all children and their school on one form.

Name of Child	School	Ancestry/Nation Affiliation

TURN OVER (Page 2 on back)

My child(ren), has/have Indigenous Ancestry and my signature indicates that I have been consulted regarding the Siwal Si'wes Indigenous Program of SD75.

1. In-Person Permission Parent/Caregiver:

Parent/Caregiver Signature: _____

Print Name : _____

Date (d/m/y): _____

2. Consultation by email/messaging: _____ (email address)

Date (d/m/y): _____

see attached electronic messaging confirmation

3. Consultation by phone/video: _____ (phone number)

Date (d/m/y): _____

As per _____ (name of parent/caregiver)

4. Additional Information (attach documentation)

Date (d/m/y): _____

Notes (indicate if the family has declined service)
