



Indigenous Ancestry is determined on a voluntary basis through self-identification. This includes First Nations (Status or Non-Status), Métis or Inuit Ancestry. No documentation is required, and the ancestry can go back several generations.

Parent & Caregiver Consultation Form

Please sign this form and return it to the Indigenous Liaison Worker assigned to the school your child attends.

Date (dd/mm/yyyy): _____

Child's Legal Name: _____ Birth Date: _____ (dd/mm/yyyy)

☐ First Nations- Status or ☐ First Nations - Non-Status Band Affiliation: _____
☐ Métis ☐ Inuit

School: _____ Grade: _____

Indigenous Services & Programs

Please see below for a list of services and programs that are offered. Not all services and programs are available in all schools.

Culture, Language & Wellbeing Services:

Cultural Ancestry, Identity and Belonging
Cultural Gatherings & Presentations
Culture Clubs
Cultural Field Trips
Indigenous Elder & Knowledge Holder Connections
Language Awareness
Development of Sense of Place & Community
Healthy Living & Wellbeing (includes food supports)
Social-Emotional Learning
Home-School Liaison/Support (emails, phone calls, meetings etc.)

Enhanced Support Services:

Attendance Services
Academic Services & Resources
Leadership Opportunities
Student Advocacy
Course Selection/Credit development
Graduation/Scholarship/Bursary
Post-Secondary Information Session
Transportation Services
Grade-to-Grade Transitions
Liaison with Community Services & External Agencies

The information on this form is collected under the authority of the *School Act* and the *Freedom of Information and Protection of Privacy Act (FIPPA)*, in accordance with Mission Public Schools' Corporate Policy on Access to Information, and Protection of Privacy and Personal Information. This information will be used by the School District to offer, deliver, and/or administer Indigenous Education programs and services to students. If you have any questions or concerns regarding the collection, use, or disclosure of this personal information, please contact Vivian Searwar at vivian.searwar@mpsd.ca. Please check off the box below indicating you have read this information.

☐ I, _____ (print name) as the parent, caregiver or legal guardian of this student, have read and understood the above information and give my consent to the collection, use and disclosure of the personal information included in this form. I acknowledge that my child is of Indigenous Ancestry (First Nations, Métis or Inuit) and I am aware of the programs and services available through Siwal Si'wes Indigenous Education Department. I give permission for my child to participate in services and programs offered by Siwal Si'wes Indigenous Education Department in Mission Public School District.

Parent Signature: _____ Date Signed (dd/mm/yyyy) _____

Email: _____ Contact #: _____

Special Notes about my Child (use extra paper if needed):



For Indigenous Liaison Workers Office Use Only

Name(s) of Indigenous Liaison Worker(s):

Welcome Letter sent to Parents and Caregivers ☐

Consult Form sent home and returned to ILW (*circle one*): Yes / No

Consult Forms completed in-person (*circle one*): Yes / No

Consultation by email/electronic messaging: _____ (*email address, if applicable*)

Date (*dd/mm/yyyy*): _____

- ☐ see attached electronic messaging evidence (i.e., copy/screenshot of email or messaging conversation)

Consultation by phone: _____ (*phone number*)

Date (*dd/mm/yyyy*): _____

As per _____ (*print name of parent/caregiver*)

Three Attempts, student is automatically enrolled in Siwal Si'wes Indigenous Education Program.

First Attempt Date (*dd/mm/yyyy*): _____

Second Attempt Date (*dd/mm/yyyy*): _____

Third Attempt Date (*dd/mm/yyyy*): _____

Additional Information (*attach documentation*):

Date (*dd/mm/yyyy*): _____

- ☐ Notes (indicate if the family has declined service)