

Welcome to Aboriginal Education Programs and Services

Consent Form for Parent/Guardian of an Aboriginal Student

A On the school registration form you said **Yes** to:

Your child has Aboriginal Ancestry

B Child's name (please print): _____

School name (please print): _____

C I give permission for my child to be included in Aboriginal Education programs and services.

Yes I want my child to receive Aboriginal Education Programs and Services.

No I do NOT want my child to receive Aboriginal Education Programs and Services.

Parent's name (please print): _____

Parent Signature: _____

Date: _____

We look forward to working with your child.



School District 22 (Vernon) ~ Aboriginal Education
1401 – 15th Street Vernon, BC V1T 8S8
Ph: 250-549-9291

