Indigenous Education Department
School District No.22

1401-15th Street, Vernon BC V1T 8S8 250-549-9291 www.sd22.bc.ca

Parent/Guardian Yearly Consultation Form

As required by the Ministry of Education, we require **yearly confirmation** that you have been consulted regarding enhanced supports from the Indigenous Education Department. Please complete the Indigenous Education Parent/Guardian Consultation form and return to the school.

Student name		**Grade**	
School		**Date**	

Indigenous ancestry is determined on a voluntary basis through self-identification. No documentation is required.

Please check off the boxes below to indicate Indigenous Ancestry for your child (if known):

☐ **First Nations – Status**
- Band name: _____
- ☐ On Reserve ☐ Off Reserve

☐ **First Nations – Non-Status**
- Name of nation (if known): _____

☐ **Metis**

☐ **Inuit**

As a part of the enhanced services in the Indigenous Education program, what programs and supports would you like to see at your child's school?

My child is of Indigenous ancestry, and my signature acknowledges I have been consulted by the Indigenous Education Department regarding enhanced services and supports for Indigenous students.

_____ _____
Parent or Guardian Signature Date

To be filled in by SD22 staff member only if verbal or email consultation about enhanced Indigenous Education supports was provided.

Date: _____

Parent/Guardian name: _____

SD22 Staff member: _____

☐ Consultation via email

☐ Consultation via phone