



INDIGENOUS EDUCATION PERMISSION FORM

I give my permission for _____, a student of Indigenous
(student name)
ancestry, to access the Indigenous Education Program in School District No. 5 (Southeast Kootenay).

I understand that I may withdraw my child from certain activities if I do not wish them to participate.

I believe/know that my child has Indigenous ancestry:

- | | |
|--|--|
| <input type="checkbox"/> Inuit | <input type="checkbox"/> Non-Status |
| <input type="checkbox"/> Status | <input type="checkbox"/> Metis |
| <input type="checkbox"/> Living on Reserve | <input type="checkbox"/> Indigenous Ancestry |

Which nation or band (i.e. Ktunaxa, Shuswap, Cree, Unknown): _____

- | | |
|--|--|
| <input type="checkbox"/> Mother's Side | <input type="checkbox"/> Father's Side |
|--|--|

Student's Birthdate: _____
(month/day/year)

Address: (both mailing and street address)

Mailing Address: _____

Street Address: _____

Phone: _____ Email: _____

Parents/Guardians: _____

Parent's Signature: _____ Date: _____