



School District No. 27 (Cariboo-Chilcotin)
Indigenous Education Department

350 N 2nd Avenue
Williams Lake, BC
250-398-3836

Student Name: \_\_\_\_\_

To Parents/Caregivers of children with Indigenous Ancestry in Cariboo-Chilcotin Public School District 27. This includes children of First Nation (Status/Non-Status), Metis, and/or Inuit ancestry. No documentation other than self-identification is required and ancestry can go back several generations.

School District 27 offers academic and cultural support for students to participate in while attending Cariboo-Chilcotin Schools. The programs are provided in accordance with the Ministry of Education Guidelines for Indigenous Education and in consultation with the First Natin Education Council (FNEC).

The Indigenous Education Department of SD 27 provides the following types of supports for children and youth of Indigenous Ancestry attending SD 27 schools, and includes but is not limited to cultural, social emotional, healthy living, attendance support, and classroom (academic) supports. Supports vary from school to school and you may contact your students school to inquire about available supports.

These supports are provided through an Indigenous lens and can happen in the classroom, or in small groups, or on an individual basis, depending on the needs of the child and the vision of the school.

Almost all schools are staffed with an Indigenous Support Worker who is an active school team member. This person liaises and collaborates with school staff, parents and caregivers, all with the best interest of the child/youth at the front and center. With parental permission, they liaise with local community services/outreach organizations many of whom provide supports specifically for Indigenous children, youth, and families.

Please complete this form and return to your child's school.

My child (above) has/have Indigenous Ancestry and my signature indicates that I have been consulted regarding the School District 27 Indigenous Education Programs.

Parent/Caregiver Signature: \_\_\_\_\_

For School Use Only:

The above information was communicated, consulted, and confirmed:

- 1) Consultation by email: \_\_\_\_\_ Date: \_\_\_\_\_
a. Attach email confirmation
2) Consultation by phone: \_\_\_\_\_ Date: \_\_\_\_\_
3) Consultation in person: \_\_\_\_\_ Date: \_\_\_\_\_
4) Refusal of Program: (attach documentation) Date: \_\_\_\_\_

Notes from Consultation: \_\_\_\_\_