



Voluntary Self-Identification

First Nations, Métis, Inuit Students

Student Information (please print)

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth(YYYY/MM/DD): _____

School Name: _____

Grade: _____

My child is: First Nations Métis Inuit

Language: Ojibwe Michif
 Cree Inukitut
 Oji-Cree English
 Mohawk French
 Other - please specify: _____

I have read the Huron-Superior Catholic District School Board guidelines for First Nations, Métis and Inuit self-identification and consent to identification of myself/child as having First Nations, Métis and Inuit ancestry. I understand that identification is voluntary and that I may withdraw my consent at any time by providing written instruction to the school principal, at which time any record of myself/child First Nations, Métis and Inuit self-identification shall be removed from the Ontario Student Record (OSR).

Signature: _____