

OFFICE USE ONLY
OEN # :
DATE :

## VOLUNTARY & CONFIDENTIAL INDIGENOUS SELF-IDENTIFICATION FORM

Student's Name – Last Name, First Name and Middle Name(s) (Please Print)	Date of Birth (YYYY MM DD)	
School Name:	Grade:	
Indigenous Ancestry: I consider my child to be of	I have read the Huron-Superior Catholic District	
Indigenous ancestry:	School Board guidelines for Indigenous self-	
□ Yes □ No	identification and consent to identification of myself/child as having Indigenous ancestry. I	
The categories that apply to my child are checked below:	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	
☐ First Nation Status	time any record of my self/child Indigenous self-	
☐ First Nation Non-Status	identification shall be removed from the Ontario	
□ Métis	Student Record (OSR).	
□ Inuit		
Language:		
□ Ojibwe		
□ Cree	(Signature)	
□ Oji-Cree		
□ Mohawk		
□ Michif		
□ Inukitut		
□ English		
Other – Please identify		
Personal Information is collected pursuant to the Huron-Superior Catholic District School Board Policy name and		
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Personal Information is collected pursuant to the Huron-Superior Catholic District School Board Policy name and number in accordance with the Ministry of Education First Nation, Métis and Inuit Education Policy Framework and the *Municipal Freedom of Information and Protection of Privacy Act*. Information collected on this form shall be included in the Ontario Student Record (OSR) and shall be used for the provision of educational services for students in accordance with the policy. Questions regarding information collected on this form may be referred to the Principal of the school.