

OFFICE USE ONLY	
DEN # :	
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 Indigenous ancestry: Yes No The categories that apply to my child are checked below: First Nation Status First Nation Non-Status Métis Inuit Language: Ojibwe Cree Oji-Cree Mohawk Michif Inukitut English Other – Please identify	I have read the Huron-Superior Catholic District School Board guidelines for Indigenous self identification and consent to identification of myself/child as having Indigenous 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 my self/child Indigenous self identification shall be removed from the Ontario Student Record (OSR). (Signature)

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.