Indigenous Education

ABBOTSFORD SCHOOL DISTRICT

Indigenous Education Consultation Form 2026 – 2027

Indigenous Education Consultation Form to be completed by Parents/Guardians:

Student Name:_____ **Birthdate:**_____

Indigenous Ancestry:

☐ **First Nations** ☐ Status ☐ Non-Status ☐ On-Reserve ☐ Off-Reserve

Nation/Band Name (if known): _____

☐ **Métis Ancestry**

☐ **Inuit Ancestry**

The Indigenous Education Enhancement Agreement goals are included in the chart below.
What programs and services would you like to see at your child's school as part of the Enhanced Services in the Indigenous Prorgram? Check all that apply.

Goal #1 – Student Success	**Goal #2 – Cultural Identity**	
Indigenous students will be supported to develop their full potential in all aspects of school life i.e. *Reading, academics, attendance, career programs and graduation.*	*Connecting students with culture begins with the land and territory that we are on: Semá:th and Máthxwi. Being grounded in place, students will learn about their own Indigenous cultural identity in a meaningful way. When Indigenous students know their community's stories and connect this with their identity, they will develop a positive sense of self, belonging and direction.*	
☐ Reading & Writing	☐ Cultural Teachings	☐ Notification of Local Cultural Events
☐ Support with Math	☐ Learning about Cultural Identity	☐ Social-Emotional Learning
☐ Assignment Completion	☐ Local Stories - Sxwōxwiyám & Sqwélqwel	☐ Leadership Opportunities
☐ Healthy Living and Well-being	☐ Cultural Wellness	☐ Indigenous Language Awareness
☐ Post-Secondary Information Session	☐ Recognizing the Diversity of Indigenous Cultures	☐ On the Land Learning
Goal #3 – Equity and Access through Advocacy		
Indigenous students thrive in an environment that supports equity and access to all opportunities in schools.		

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Additional Information (Please share your voice about your child or services you are hoping to see):

Communication preference(s): ☐Phone ☐Email ☐Text

Please check off the box below indicating you have read this information:

☐ I, _____ (print name) as the parent, caregiver or legal guardian of this student, have read and understood the above information and give my consent to the collection, use and disclosure of the personal information included in this form.

> I acknowledge that my child is of Indigenous ancestry (First Nations, Métis or Inuit) and I am aware of the programs and services available through Abbotsford School District's Indigenous Education Department.
>
> I understand and I give permission for my child to participate in services and programs offered by Abbotsford School District's Indigenous Education Department.
>
> **As I have self-identified my child as having First Nations, Métis or Inuit ancestry, I understand that my child will receive these services unless I withdraw them from the program in writing.**

My child is of Indigenous ancestry and my signature acknowledges that I have been consulted by the Abbotsford School District regarding the Indigenous Enhancement Services.

The information on this form is collected under the authority of the School Act and the Freedom of Information and Protection of Privacy Act (FOIPPA), in accordance with the Abbotsford School Districts' Corporate Policy on Access to Information, and Protection of Privacy and Personal Information. This information will be used by the School District to offer, deliver, and/or administer Indigenous Education programs and services to students. If you have any questions or concerns regarding the collection, use, or disclosure of this personal information, please contact Allison Gardner at indigenous@abbyschools.ca.

X_____ _____

Parent/Guardian Signature Date