

OFFICE USE ONLY

OEN # _____
Date: _____

**Voluntary & Confidential
Aboriginal 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
<p>Aboriginal Ancestry: I consider my child to be of Aboriginal ancestry.</p> <p align="center">___ Yes ___ No</p> <p>The categories that apply to my child are checked below:</p> <p>___ First Nation Status ___ First Nation Non-Status ___ Métis ___ Inuit</p> <p>Language:</p> <p>___ Ojibwe ___ Cree ___ Oji-Cree ___ Mohawk ___ Michif ___ Inuktitut ___ English</p> <p>Other – Please identify _____</p>	<p>I have read the Simcoe County District School Board guidelines for Aboriginal self-identification and consent to identification of my self/child as having Aboriginal 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 Aboriginal self-identification shall be removed from the Ontario Student Record (OSR).</p> <hr/> <p>Signature</p>

Personal Information is collected pursuant to the Simcoe County 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 or the policy may be referred to the Principal of the school.