



## Indigenous Education, S.D. #78

650 Kawkawa Lake Road  
Hope, B.C. V0X 1L4  
Phone: (604) 869-2842  
Fax: (604) 869-7400

### Indigenous Education Consent Opting-out Form

When you registered your child/children at the school, as part of the registration process you indicated that your child/children were Indigenous and therefore would be able to participate in the Indigenous Program and its services. For example, receiving academic support, attending cultural/language activities and social-emotional support when needed.

These services will automatically be provided to your child/children unless you decide you don't want them to participate in this program.

Please clearly indicate any services you don't want your child/children to receive. You will need to sign this form and send it back to your child/children's school.

**I remove my permission** for the Indigenous Support Worker to:

- Give my child/children academic support
- Provide emotional support, when necessary
- Include my child/children in cultural and/or language activities

**Or** if you want your child/children removed from all services, please tick the box below.

- ALL supports from the Indigenous Support Worker.

Name of Parent or Guardian (please print): \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Address of Parent or Guardian: \_\_\_\_\_

Date of Signing: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ (Text only )