

## Aboriginal Identity Declaration 2014-2015 EIS Data Collection

**Aboriginal Identity Declaration helps to support the efforts of Manitoba Education and Advanced Learning and school divisions to plan and improve programs in a way that is responsive to Aboriginal learners.**

(Providing this personal information is voluntary and optional. It is being collected in compliance with section 36(1)(b) of The Freedom of Information and Protection of Privacy Act as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs.)

1. I, \_\_\_\_\_, (name of parent/guardian, please print clearly):

- Am submitting my child's Aboriginal Identity Declaration for the first time.
- Am making changes to my child's Aboriginal Identity Declaration.
- Already submitted my child's Aboriginal Identity Declaration and have no further changes to make at this time.

2. Is your child an Aboriginal person, that is, First Nation (North American Indian), Métis, or Inuk (Inuit)?

Note: First Nations (North American Indian) include Status and Non-Status Indians

*If "Yes", mark the square(s) that best describe(s) your child now.*

- Yes, First Nation (North American Indian)
- Yes, Métis
- Yes, Inuk (Inuit)

3. Which best describes your child's Aboriginal cultural-linguistic identity? Please select up to two choices:

- |   |  |
|---|--|
| <input type="checkbox"/> Anishinaabe (Objibway/Saulteaux) | <input type="checkbox"/> Ininiw                      |
| <input type="checkbox"/> Dene (Sayisi)                    | <input type="checkbox"/> Dakota                      |
| <input type="checkbox"/> Oji-Cree                         | <input type="checkbox"/> Michif                      |
| <input type="checkbox"/> Inuktitut                        | <input type="checkbox"/> Other-please specify: _____ |

For more information about Aboriginal Identity Declaration, please contact:

Aboriginal Education Directorate

Murdo Scribe Centre

510 Selkirk Avenue

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Email: [richard.perrault@gov.mb.ca](mailto:richard.perrault@gov.mb.ca)

Or visit the website at: <http://www.edu.gov.mb.ca/aed/abidentity.html>

Student Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR CHILD'S SCHOOL OFFICE.