



**Siwal Si'wes (Our forefathers' teachings)**  
 Indigenous Education, School District 75 (Mission)

32444 7<sup>th</sup> Avenue Mission, B.C. V2V 2B5  
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## Parent/Caregiver Consultation Form

DATE (d/m/y): \_\_\_\_\_ 2024 2025 (circle one)

Name of Indigenous Liaison Worker (print): \_\_\_\_\_

Signature of Indigenous Liaison Worker: \_\_\_\_\_

***To the Parents/Caregivers of children with Indigenous Ancestry (First Nations (Status/Non-Status), Métis and/or Inuit) in Mission Public School District 75,***

Siwal Si'wes Indigenous Department of SD75 offers enhanced services for Indigenous learners while attending Mission Public Schools. The programs are provided in accordance with the Ministry of Education Guidelines for Indigenous Education and in consultation with our Siwal Si'wes Indigenous Education Council.

The Siwal Si'wes Indigenous Department of SD75 provides the following types of services for children and youth of Indigenous ancestry attending SD75 schools, and includes but is not limited to cultural, social-emotional, healthy living, attendance support and classroom (academic) supports.

These services are provided through an Indigenous lens and can happen in the classroom, or in small groups or individually (one-on-one), depending on the needs of the learner and vision of the school.

All schools are staffed with a Siwal Si'wes Indigenous Liaison Worker who is an active school team member. This person liaises and collaborates with school staff (including teachers, counselors, youth care workers and administrators), and parents and caregivers, all with the best interest of the child and/or youth at front and centre. With parent/caregiver permissions, they liaise with local community service/outreach organizations many of whom who provide supports specifically for Indigenous children, youth, and families.

**Please complete this form and return it to your child's school. One completed form per family is necessary. Please list all children and their school on one form.**

Name of Child	School	Ancestry/Nation Affiliation/ Citizenship

**My child(ren), has/have Indigenous Ancestry and my signature indicates that I have been consulted regarding the Siwal Si'wes Indigenous Education Program of SD75.**

1. Print Name : \_\_\_\_\_

2. Signature of Parent/Caregiver : \_\_\_\_\_

3. Date (d/m/y): \_\_\_\_\_

4. Consultation Type (Circle one).

- Consultation Form sent home
- In-Person Consultation at school
- Other (Phone/Email/Messaging)

### **For Indigenous Liaison Workers Office Use Only**

**Consultation by email/messaging:** \_\_\_\_\_ (*email address*)

Date (d/m/y): \_\_\_\_\_

see attached electronic messaging confirmation

**Consultation by phone:** \_\_\_\_\_ (*phone number*)

Date (d/m/y): \_\_\_\_\_

As per \_\_\_\_\_ (*print name of parent/caregiver*)

**Three Attempts, student is automatically enrolled in Siwal Si'wes Indigenous Education Program.**

First Attempt Date: (d/m/y): \_\_\_\_\_

Second Attempt Date: (d/m/y): \_\_\_\_\_

Third Attempt Date: (d/m/y): \_\_\_\_\_

**Additional Information (*attach documentation*)**

Date (d/m/y): \_\_\_\_\_

Notes (indicate if the family has declined service)