



Voluntary, Confidential First Nation, Métis, and Inuit Student Self-Identification Form

_	ted form to the office at yo	
Signature	Date	
Full Name (please pr	int)	
Parent/guardian or s	tudent age 18 or older ir	nformation:
		nder this policy will be in accordance with the Municipal Freedom of IFIPPA) and the Freedom of Information and Protection of Privacy Act
□ First Nation (Stat □ Métis □ Inuit	tus/Non-Status)	
The categories that a	pply to my child are che	cked below:
I consider my child to	o be of First Nation (Sta	tus/Non-Status), Métis, or Inuit ancestry: Yes 🗖 No 🗖
Ontario Education N	Number (OEN) if known	
School Student is At	tending	
Birthdate: (YY/MM/I	DD)	
Student's Full Name	:	
I his form should be	completed by parents, ca	

Personal information is collected by the Board under the authority of section 265(1)(d) of the *Education Act*, and pursuant to sections 28(2) of the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA). Information on admissions, registration and academic achievement may be disclosed and used for statistical and research purposes after appropriate privacy protections by HWDSB and educational institutions.