

SUDBURY CATHOLIC SCHOOLS
ABORIGINAL
EDUCATION



Student Name: _____

Address: _____

School: _____

Parent/Guardian signature (or student signature if 16 years and older): _____

I AM

- First Nation (off reserve)
- First Nation (on reserve)
- Metis (person of Aboriginal ancestry)
- Inuit
- Other _____

All students are invited to complete and submit this form on a voluntary basis. Information collected will remain confidential. For more information, please contact your Principal or telephone the Sudbury Catholic District School board at 705-673-5620.