

Dear Guardian(s) and Parent(s):

In an effort to promote cultural awareness and equitable education within the South Shore Regional School Board we are happy to offer for the 10<sup>th</sup> year the service of our Student Support Worker (SSW) program. The Student Support Workers work with students who self-identify as Aboriginal and/or African descent; however, it is understood and noted that the Student Support Workers provide education that is valuable and needed for all school members of our community. Our goal within RCH is to aid students and their families. This may include but is not limited to:

- Act as liaison between students, staff, parents/guardians and community
- Support schools in being cultural diverse and welcoming
- Provide support in a variety of positive settings
- Become familiar with the histories and circumstances of students
- Create educational support initiatives such as tutoring, scholarship awareness/help, cultural activities, etc.
- Help explore post secondary education and career options.
- Deliver education to staff and students on cultural awareness.

Our ultimate goal is to encourage students already doing well, support students that may need it, and create a climate where ALL students see themselves in our schools.

**The Student Support Workers are as follows:**

<b>Name</b>	<b>Home School (Area)</b>	<b>Contact Information</b>
Corbin Hartt	ParkView Education Centre	902-521-9812
Shelly Whynot	Dr.J.C. Wickwire	902-350-2880
Sheila Porter	Chester District Elementary	902-521-3314
Teresa Provo	North Queens Community	902-521-9329

For additional information on the Student Support Worker program please see the attached brochure. If your student is interested in participating in the Student Support Worker program please complete the attached permission slip form and return it to your student's school. The Student Support Worker in your area will contact you and your students in regards to activities and initiatives that he/she may participate in.

Respectfully yours,

Lamar Eason  
Coordinator of Race Relations,  
Cross Cultural Understanding, &  
Human Rights  
902-521-3449

## Student Support Worker Program Permission Slip Form

The Student Support Worker program is for students who self-identify as Aboriginal or African descent. Your student may enroll in the program if she/ he self-identifies as **African or Aboriginal/First Nations** descent.

**Please Print:**

### Student Information

Name of Student: \_\_\_\_\_ Student Support Workers Name: \_\_\_\_\_

School: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Address of Student: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (if applicable): \_\_\_\_\_

### Self- Identification

Please indicate if you are:  African descent  Aboriginal descent

\*\* For the purpose of this form, **African Descent** people are persons who consider themselves to be African-Canadian, African-American, African-Caribbean and African. **Aboriginal** people are persons who consider themselves to be North American First Nations, Inuit or Metis.

### Parent/Guardian Information

Name(s) of Parent/ Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Emergency Information

In the event of an emergency and no one can be contacted at the numbers listed above, whom should we call?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Nova Scotia Health Insurance Number: \_\_\_\_\_

I give permission for my son/daughter to participate in the Student Support Worker Program. If there is ever a point where I do not want my student to be part of this support, I will contact the school or the SSW. In the event of an emergency (medical or dental) I give permission for treatment of my student. I understand that I will be contacted first in such an emergency, if possible.

Guardian/ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_