



# School District No.59 (Peace River South)

School Name: McLeod Elementary  
School Year: \_\_\_\_\_

## BC STUDENT INFORMATION VERIFICATION FORM REPORT

### DEMOGRAPHICS

Legal Last Name \_\_\_\_\_ Student Contact Cell No. \_\_\_\_\_

Legal First Name \_\_\_\_\_ Student Email Address \_\_\_\_\_

Legal Middle Name \_\_\_\_\_ Home Street Address \_\_\_\_\_

Usual Last Name \_\_\_\_\_ Physical 911 Address \_\_\_\_\_

Usual First Name \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

Usual Middle Name \_\_\_\_\_

Gender \_\_\_\_\_ Mailing address if not the same: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Street Address \_\_\_\_\_

Proof of Age \_\_\_\_\_ RR Number/PO Box \_\_\_\_\_

Home Phone Number \_\_\_\_\_  City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

Care Card Number \_\_\_\_\_ Is your child immunized? Yes  No

Previous School \_\_\_\_\_ District No. \_\_\_\_\_ Previous Teacher \_\_\_\_\_

Current School \_\_\_\_\_ Grade \_\_\_\_\_ Care Card No. \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_ Contact can pick up?

Receive Mailings?

Relationship \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Parental Authority or Guardian?  Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Contact Lives with Student?  Email \_\_\_\_\_

Address if Different from Student \_\_\_\_\_

Comment (e.g. Custody) \_\_\_\_\_

Name \_\_\_\_\_ Contact can pick up?

Receive Mailings?

Relationship \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Parental Authority or Guardian?  Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Contact Lives with Student:  Email \_\_\_\_\_

Address if Different from Student \_\_\_\_\_

Comment (e.g. Custody) \_\_\_\_\_

If address is different, proof of BC residency of Parent/Guardian must be provided. (e.g. Utility Bill, Care Card). The custodial parent must be a resident of BC.



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## EMERGENCY CONTACT INFORMATION: OTHER THAN PARENT

Contact 1 \_\_\_\_\_ Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Relationship \_\_\_\_\_

Contact 2 \_\_\_\_\_ Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Relationship \_\_\_\_\_

## SIBLING INFORMATION

Name \_\_\_\_\_ Sibling School \_\_\_\_\_ Grade \_\_\_\_\_

Sibling Phone \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Sibling School \_\_\_\_\_ Grade \_\_\_\_\_

Sibling Phone \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Sibling School \_\_\_\_\_ Grade \_\_\_\_\_

Sibling Phone \_\_\_\_\_ Grade \_\_\_\_\_

STUDENT LEGAL ALERTS – Court Order on File?

Description \_\_\_\_\_

STUDENT MEDICAL ALERTS – Life Threatening?

Description \_\_\_\_\_

OTHER STUDENT ALERTS – Health, Family or other Information

Description \_\_\_\_\_

## CITIZENSHIP

Country of Birth \_\_\_\_\_ Visa Status \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Visa Expiration Date \_\_\_\_\_

## LANGUAGE AND CULTURE

Home Language \_\_\_\_\_ Aboriginal Ancestry \_\_\_\_\_ Aboriginal Program

Language Most Used \_\_\_\_\_ Status Card Number \_\_\_\_\_

First Language \_\_\_\_\_ Band of Residence \_\_\_\_\_

The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator.

I declare the information that I have provided is complete and accurate.

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

**NOTE:** Authorization for new students to begin attending classes may be provided following contact with the previous school. Until we have received information from the previous school(s) the students may not be allowed to attend classes and may be provided with school work to be completed at home.



**School District No.59 (Peace River South)**

**FOR KINDERGARTEN USE ONLY**

The government of British Columbia is tracking the progress of Kindergarten students in the province, and in doing so is asking for the following information.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Did this child attend an early learning or child-care program on a regular basis? Yes  No

If yes, was it one or more of the types listed below? (please check all that apply)

Based in a centre, licensed

Child's home, non-relative caregiver

Family child-care, licensed

Child's home, relative caregiver

Other home based unlicensed, non-relative

Other care \_\_\_\_\_

Was the child's child-care program prior to entry to kindergarten? Yes  No

Full-time

Part-time

Did the child attend 'other' language classes?

Yes  \_\_\_\_\_ No

*Specify Language*

If your child is Aboriginal, what is their ancestral language, even if not spoken in the house?

\_\_\_\_\_

Did the child attend a parent/child resource program? StrongStart  CCR & R

Other  \_\_\_\_\_

*Specify*

**Reminder -- information will remain completely confidential!**

Thank you for your cooperation



## *School District 59 (Peace River South)*

11600 - 7<sup>th</sup> Street  
Dawson Creek, BC V1G 4R8  
Phone: 250-782-8571

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In School District 59, all kindergarten children participate in a developmental processing screen in the fall and again in the spring. The screen provides information on a student's development in key areas required for successful learning: motor, hearing, vision, working memory, speech and language. The district Speech-Language Pathologist, Educational Psychologist, Physiotherapist and/or Helping Teachers will administer the screen.

Research shows that these areas are key components of the reading, writing and numeracy process. Weakness in one or more of these areas leads to delays and difficulties in the development of functional reading, writing and numeracy skills.

The purpose of the fall screen is to provide teachers with a profile of their classroom's developmental needs. This allows kindergarten teachers to incorporate the most effective developmental strategies based on their specific class profile. When available, intervention services will be provided at the school for identified areas of need. Parents will be informed of any concerns identified in order to assist in the intervention process. If you do **not** want your child to participate in intervention services, please let your school Learning Assistance Teacher know.

The purpose of the spring screen is to identify students who will need further investigation and support in their grade one year. This may involve occupational and physiotherapists, speech-language pathologists and/or educational psychologists. Necessary referrals will be sent to parents at the start of the child's grade one year.

*School District 59 (Peace River South)*

11600-7<sup>th</sup> Street,

Dawson Creek, B.C. V1G 4R8

Phone: (250) 782-8571 Fax: (250) 782-3204

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**Speech & Language Services**

- ❖ **Speech and language screens and interventions are provided for all Kindergarten students in School District 59.**
- ❖ Kindergarten students are identified through the district-wide kindergarten screen in September and then a block of therapy is offered to all students who need help with their speech and/or language skills.
- ❖ The therapy block runs from September to January. Depending on need, some students may be offered a second block of therapy from February to June.
- ❖ Parents may choose not to have their children participate in any intervention.
- ❖ After Kindergarten, identified students will be offered further assessments and interventions as necessary.
- ❖ If you have any questions about the speech and language intervention services in the school district, please contact **Rachel Turnbull, District Speech-Language Pathologist, at 250-784-6355.**



**School District No.59 (Peace River South)**  
**School Request Form**  
**Aboriginal Program Participation**



Student Name: \_\_\_\_\_

School: \_\_\_\_\_

As a parent/guardian of the above named student, I give permission for my child to receive additional support while attending school in School District No. 59 (Peace River South).

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This information is voluntary:  Status Indian  Non status Indian  Metis  Inuit

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The programs could include the following:

- The programs of the Coach/Mentor teachers and / or Aboriginal support staff.
  - Literacy intervention, tutorial or academic assistance.
  - Attendance monitoring and intervention.
  - Grade and Grad Coaching.
  - Assistance of the School Family Support Worker.
  - School wide or classroom cultural/history awareness opportunities and / or presentations.
  - Submission of names to external sources for awards, bursaries and recognition.
- 

I have identified my child as having Aboriginal ancestry and give informed consent for my child to participate.

I understand this form will follow my child through to graduation, if enrolled in any school in School District No. 59.

I am aware that these over and above services are available to students who self identify as having Aboriginal ancestry and are funded by the B.C. Ministry of Education, Aboriginal Education. I am also aware, that I can change my declaration for my child(ren) to receive additional service upon my request.

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Parent Name: (please print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_