|  |  |  |
| --- | --- | --- |
| **Date** | **School of Record** | **Grade** |
|  |  |  |

**STUDENT INFORMATION**

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

Student Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Birthdate: (mm-dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date** | **Completed By** | **Initials** |
| **Student Registration Received and Registered with SPDL in MyEd** |  |  |  |
| **Eservices Login credentials completed** |  |  |  |
| **Student Enrolled in D2L Brightspace** |  |  |  |

**Teacher Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date** | **Completed By** | **Initials** |
| **Course Outline & Expectations Reviewed** |  |  |  |

**\*\*Student Activation Date and Completion Dates are stored in MyEdBC\*\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Physical Education** |  | **Mathematics** |  | **Planning and Career Focused Courses** |  |
| Physical Education 9 |  | Mathematics 9 |  | Middle Careers 9 |  |
| Physical and Health Education 10 |  | Workplace Math 10 |  | Career Life Education 10 |  |
| Fitness and Conditioning 11 |  | Foundations & Pre- Calculus 10 |  | Work Experience 12A |  |
| Active Living 12 |  | Workplace Math 11 |  | Work Experience 12B |  |
|  |  | Foundations Math 11 |  | CLC 12 – **Full time SPDL Students Only** |  |
| **English Language Arts** |  | Pre-Calculus 11 |  |  |  |
| English Language Arts 9 |  | Foundations Math 12 |  | **Electives** |  |
| English First Peoples Literary Studies and Writing 10 |  | Pre-Calculus 12 |  | Computer Studies 10 |  |
| English Literary Studies and New Media 10 |  |  |  | Computer Programming 11 |  |
| English Composition 11 |  | **Sciences** |  | Interpersonal & Family Relations 11 |  |
| English First Peoples 12 |  | Science 9 |  | Psychology 11 |  |
| English Studies 12 |  | Science 10 |  | Entrepreneurship 12 |  |
|  |  | Life Sciences 11 |  | Child Development and Caregiving 12 |  |
| **Social Studies** |  | Earth Science 11 |  |  |  |
| Social Studies 9 |  | Physics 11 |  |  |  |
| Social Studies 10 |  | Chemistry 11 |  |  |  |
| Social Studies 11 - Explorations |  | Science for Citizens 11 |  |  |  |
| Law Studies 12 |  | Anatomy & Physiology 12 |  |  |  |
| World Religions 12 |  | Chemistry 12 |  |  |  |
| BC First Peoples 12 |  | Physics 12 |  |  |  |
| 20th Century World History 12 |  |  |  |  |  |
| Contemporary Indigenous Studies 12  **(Modular transfer or after completion of BC FP 12)** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Student Name:** |  | **Counsellor Signature:** |  | **X** |  |
| **Date:** |  | **Principal Signature:** |  | **X** |  |

**2023/24 Course Selection**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason for taking courses listed (select one):** | **Interest** | **Graduation**  **Requirement** | **University Program**  **Prerequisite** |

**BC STUDENT INFORMATION VERIFICATION FORM REPORT**

**DEMOGRAPHICS**

Legal Last Name: Legal Middle Name:

Legal First Name: Student Cell Number:

Student Email Address:

Home Street Address:

City: Prov: Postal Code:

Physical 911 Address:

Usual Last Name: Usual First Name:

Usual Middle Name: Preferred Gender:

Legal Gender:

**Mailing Address if different than Home Address:**

Date of Birth: Proof of Age:

Streeet Address: Home Phone Number:

RR Number/PO Box:

City: Prov: Postal Code:

Care Card Number: Is your child Immunized? Yes No

Previous school: District No: Previous Teacher:

Current School: Current Grade:

**PARENT/GUARDIAN INFORMATION**

Name: Contact can pick up? Yes No

Receive Mailings? Yes No

Relationship: Parental Authority or Guardian? Yes No

Contact Lives with Student? Yes No

Home Phone Number: Cell Phone Number:

Work PhoneNumber: Email:

Address if different from Student:

Comment (e.g Custody):

Name: Contact can pick up? Yes No

Receive Mailings? Yes No

Relationship: Parental Authority or Guardian? Yes No

Contact Lives with Student? Yes No

Home Phone Number: Cell Phone Number:

Work PhoneNumber: 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.**

**EMERGENCY CONTACT INFORMATION: OTHER THAN PARENT**

Contact #1: Relationship to Student:

Home No: Cell No: Work No:

Contact #2: Relationship to Student:

Home No: Cell No: Work No:

**SIBLING INFORMATION**

Name: Sibling School: Grade:

Sibling Phone Number:

Name: Sibling School: Grade:

Sibling Phone Number:

Name: Sibling School: Grade:

Sibling Phone Number:

**STUDENT LEGAL ALERTS – COURT ORDER ON FILE**

Description:

**STUDENT MEDICAL ALERT – 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: First Language:

Language Most Used:

Aboriginal Ancestry: Aboriginal Program:

Status Card Number: 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.**

**Indigenous 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 Distributed Learning school in School District No. 59 (Peace River South).

This information is voluntary:

Status Indian Non status Indian Metis Inuit

The programs could include the following:

• The programs of the Coach/Mentor teachers and / or Indigenou 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 Indigenous 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 Indigenous ancestry and are funded by the B.C. Ministry of Education, Indigenous Education. I am also aware, that I can change my declaration for my child(ren) to receive additional service upon my request.

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

Parent Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Personal Information Consent**    
**20 - 20**

Please complete, sign, and return to your school.

**Student’s Name**: (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
(*please print*)

Collection, use, and sharing of student personal information

Schools and Districts are authorized to collect, use, and share student personal information that is directly related to and necessary for their educational functions. For other school or education-related purposes, parental consent is required.

The Board of Education of School District 59 is seeking your consent to collect, store, use and share photographs, videos, images, and/or names of students in a variety of publications and on the school or District’s website(s) for education related purposes, such as recognizing and encouraging student achievement, building the school community, and informing others about school and District programs and activities.

Please check boxes to indicate consent for the following as student names, and/or images may be used or shared in:

School and District communications, such as newsletters, brochures, Focus on Education magazine;

Yearbook; *(see additional form attached. The form must be completed if any information will be accessible or stored in locations outside Canada)*

School and District websites;

Social media sites (e.g. Facebook);

Online video (e.g. YouTube), with limited or public access;

Videos, CDs, and DVDs designed for educational use only.

A.\_\_\_\_\_ **I GIVE MY CONSENT** for the school or District to collect, use, and share my child’s name and/or image for purposes consistent with the above. I understand that images and information posted on the Internet may be stored and accessed outside of Canada.

This consent may be withdrawn at any time, in writing, but withdrawal of consent does not require the school or District to take any steps to withdraw from publication any previously published material. Unless withdrawn, this consent is effective immediately and lasts until September 30 of the next school year.

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

**Parent’s Name:** (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
(*please print*)

**Parent/Guardian\* Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Contact Information** (for contacts related to this notice)

**Telephone No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have questions about this consent or about the collection of student personal information, you may contact:

School District Information and Privacy Officer, Christy Fennell

11600 – 7th Street   Telephone Number:  250-782-8571 Email:  cfennell@sd59.bc.ca

**Notice to Parents and Students: Outside Media in Schools**   
**20 -20 School Year**

*For parents\* and high school students: Please complete, sign, and return to your school.*

**Student’s Name**: (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
(*please print*)

Media (including radio, television, newspapers, and other print and online media) are sometimes permitted or invited to come to the school or to school activities and allowed to take photos or video or conduct interviews with students, for the purposes of promoting public understanding of school programs, building public support for public education, and encouraging student achievement.

**If you do not want your child to be involved in such activities**, you need to:

* Tell your child to avoid these situations,
* Tell your child’s teacher of your wishes,
* Complete and return this form with the box below filled out to ask the school and school district to take reasonable steps to avoid this type of publication of your child’s name, image, or personal information by outside media.

Note that school staff cannot control news media access, photos/videos taken by the media or others in public locations (such as field trips or off school grounds) or school events open to the public, such as sports events, student performances, school board meetings, etc. **For Parents**: I acknowledge receipt of this Notice. If I have questions I will contact the School Principal.

                    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                        **Parent’s signature**

\**For parents who have court orders describing their parental rights, this form should be signed by the parent who has the right to exercise the student’s privacy protection rights*

CONSENT TO SEND ELECTRONIC MESSAGES  
(Canada’s Anti-Spam Legislation – July 1, 2014)

This consent form will ensure that School District 59 has your consent to send you newsletters, announcements and other electronic messages that may contain advertising or promotions including:

1. Field trips;  
2. Fundraising;  
3. Yearbooks;  
4. Student pictures;  
5. Event tickets;  
6. Or, similar events and offers.

If you wish to receive the above communication from us, please provide your e-mail address and your signature for consent.

You may withdraw your consent at any time by informing the school of your intention.

Yes, I would like the school district to send me electronic messages as described above.  
e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name – please print)

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Signature)

Student’s name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Medical Alert Information**

THIS FORM IS TO PROVIDE THE SCHOOL WITH ACCURATE AND UPDATED MEDICAL ALERT INFORMATION AND THE PLAN FOR STUDENTS WHILE THEY ARE IN THE CARE OF THE SCHOOL.

INFORMATION PROVIDED IN THIS FORM WILL BE SHARED ONLY WITH THE APPROPRIATE SCHOOL STAFF.

Student Name: Birthdate (yyyy/mm/dd):

Parent/Guardian:

Date Information Provided (yyyy/mm/dd):

Diagnosis/Condition:

Date Condition Identified (approx.):

Describe the condition (expected problem):

SCHOOL EMERGENCY CONTACT INFORMATION

Who should we contact in the event of a symptom being displayed? (check all that apply)

Ambulance/911 Parent/Guardian Family Doctor

Parent/Guardian Name: Phone #1 Phone #2

Alternate Contact Name: Phone: Relationship:

Family Doctor: Phone:

Symptoms to watch for:

**MEDICATION**

If there student is taking a medication for the condition or should be given medication (i.e. Epipen, Benadryl) at school, please complete the information below.

Takes medication for this condition

Name of Medication(s):

Possible Side Effects:

**School can Administer Medication** (onl complete this bottom section if school is to give student medication)

Name of Medication: Amount to be given:

When should it be

Administered (time): Name of physician prescribing:

Possible side effects:

I (), the legal guardian of the above named student, confirm that my request for administration of medication at school for my child is necessary, in that the medication must be given during school hours. I HEREBY RELEASE School District #59 (Peace River South), its officers, directors, administrators, and employees, of any liability for any and all claims whatsoever that I might have or that I bring on behalf of my child, in connection with current “Request for Administration of Medication at School”. I also hereby give permission for this information to be used by the School Based Team (Principal, classroom teacher, Learning Assistance teacher and other appropriate school personnel).

I understand that this authorization is valid for 12 months from the date of signature.

Parent/Guardian Signature Effective Date

**REQUEST FOR STUDENT RECORDS**

DATE: TO:

EMAIL: FROM:

**Attention Student Records:**

The following student(s) has/have enrolled with (insert school name) starting (insert start date).

|  |  |  |  |
| --- | --- | --- | --- |
| LEGAL NAME | GENDER | DATE OF BIRTH | GRADE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* **Student File:** including report cards, documents relating to custody or other legal issues, non-confidential reports by professional staff or outside agencies, student conduct, all safety concerns, suspension letters, records of discipline matters and consequences/interventions, behavior plans and any other pertinent information regarding the student(s).
* **Permanent Student Record Card**
* **Individual Education Plans (IEP):** if there is one for the student.
* **Support Services File (Confidential Files):**  if there is one for the student including any confidential or other document pertaining to the above student from Psychologists, Social Worker, Speech/Language Pathologists, Counsellors, etc.

**Authorization for release of student school records**

I confirm that I am the parent/guardian of the above-named student(s). I hereby authorize you to

Release/share the above noted information about my child with School District 59 and to discuss information relevant to the planning of their school program with School District personnel.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent/Guardian Name Parent/Guardian Signature Date

Thank you,

South Peace Distributed Learning

**D2L Brightspace**

Brightspace is a cloud-based learning management system that supports both online and blended learning. School District 59 is using Brightspace in conjunction with its Distributed Learning program.

Teachers use Brightspace to create and deliver course content, assessments, and activities in a centralized web-based platform. This includes creating, organizing, and sharing course materials, such as documents, videos, quizzes, and assignments. Teachers create and grade assignments, quizzes, and exams, and track students’ progress using Brightspace’s grading and analytics tools.

Desire2Learn requires personal information for your child to use Brightspace. Brightspace uses this information to provide the service, and additionally, they work with third party service providers that may collect, store, and/or process data on behalf of Desire2Learn.

More details can be found on Desire2Learn’s privacy policy page:

<https://www.d2l.com/legal/privacy/>

Any questions can be directed to:

Aaron Harper, Principal, South Peace Distributed Learning School

11311-13a

Dawson Creek, BC

V1G 3X8

[aharper@sd59.bc.ca](mailto:aharper@sd59.bc.ca) • (250-782-0122)

# Parent/Guardian Brightspace Consent Form

As the parent/guardian of the student named below, I grant permission for my child to access Brightspace managed by School District 59. I permit the release of personally identifying information to D2L Corporation, including my child’s name, username, e-mail address, school, assignment assessments and grades, and data and activity collected directly from the student during use of Brightspace. This personal information is collected under FOIPPA authorities 26(c), 32(a), and 33(2)(d). In doing so, I understand that the data for this service will be stored in Canada and governed by Canadian laws.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (please print) Student Number

Signature of Parent/Guardian Date