



BC STUDENT INFORMATION VERIFICATION FORM REPORT

2017-2018

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 _____

Gender MALE FEMALE 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 _____

Previous School _____ District No. _____ Previous Teacher _____

Current School : École Frank Ross Elementary Grade _____

English French Immersion

PARENT/GUARDIAN INFORMATION

Name _____ Contact can pick up?

Gender MALE FEMALE 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?

Gender MALE FEMALE 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.



EMERGENCY CONTACT INFORMATION: OTHER THAN PARENT

Contact 1 _____ Phone No. _____ Cell No. _____ Relationship _____

Contact 2 _____ Phone 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.



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



1000 - 92nd Avenue
Dawson Creek, BC V1G 1G1
Phone: 250.782.5206
Fax: 250.782.3204
Website: http://efr.sd59.bc.ca

Personal Information Consent
2017-2018

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 No. 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;
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, Candace Clouthier
11600 - 7th Street Telephone Number: 250-782-8571 Email: candy_clouthier@sd59.bc.ca

Notice to Parents and Students: Outside Media in Schools 2017-2018 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*

NOTE: *To be completed only if you wish to object to publication of your child's personal information by outside media at school events.*

I do not want my child's image or name being published by outside media. I have told my child's teacher of my wishes. **I REQUEST** that the school and its staff take all reasonable steps to avoid having my child's image or name collected or published by outside media when they are present in school or at school activities at the invitation of the school. **I CONSENT** to disclosure of personal information that is necessary to comply with this request. **I MAY** choose to override this Notice by giving my consent in a specific circumstance. This request applies during the current school year unless I expressly revoke it.

Date: _____

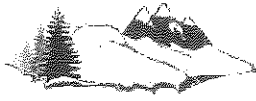
Parent's Name: (Last) _____ (First) _____ *(please print)*

Parent/Guardian* Signature: _____

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

Telephone No.: _____ **Email:** _____

If you have questions about this notice or about the collection of student personal information, you may contact the Principal, **Shawnese Trottier** at 250-782-5206 or email at strottier@sd59.bc.ca



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).

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 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.

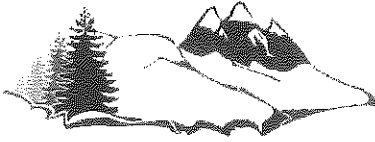
I am aware that these over and above services are available to students who self identify as having Aboriginal ancestry and are funded by the B.C. Ministry of Education, Aboriginal Branch. I am also aware, that I can change my declaration for my child(ren) to receive additional service upon my request.

Parent Name: (please print): _____

Parent Signature: _____

Date: _____

Phone Number(s): _____



School District No.59 (Peace River South)

CONSENT TO SEND ELECTRONIC MESSAGES

(Canada's Anti-Spam Legislation – July 1, 2014)

This consent form will ensure that SD 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): _____
