



School District No.59 (Peace River South)

School Name: **LITTLE PRAIRIE ELEMENTARY**

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 _____
 Legal Gender _____ Preferred 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.

LITTLE PRAIRIE ELEMENTARY
 PO Box 1600
 Chetwynd, BC V0C 1J0
 250-788-1924 (Phone)
 250-788-1923 (Fax)



REQUEST FOR STUDENT RECORDS

DATE: _____ TO: _____

EMAIL: _____ PHONE: _____

Attention Student Records:

The following student(s) has/have enrolled with Little Prairie Elementary School starting _____.

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

For schools within BC using MyEd:

- Withdraw student in MyEdBC
- Change Next School in MyEdBC to Little Prairie Elementary
- Forward student files and records to Little Prairie Elementary
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Thank you,

Brittany MacTavish, Secretary
bmactavish@sd59.bc.ca

