



Dawson Creek Secondary School

Central Campus: 10701 - 10th St. – Dawson Creek, B.C. – V1G 3V2

Phone: (250) 784 7676

Requirements for DCSS – Central Campus Registration

The following documents are required to complete your registration

1. Attached registration forms
2. Copy of Valid Identification: either one of the following:
 - a. Birth Certificate
 - b. Passport (Biographical page)
3. BC Health Care Card (copy)
4. Proof of Residency: Any utility bill or lease agreement
5. Copy of recent report card or transcript of records from your previous school
6. Copy of guardianship (If applicable)
7. For international students: Immigration documents:
Work/Study permit for guardians or permanent resident card.
Study permit and transcripts for students.



School District No.59 (Peace River South)

School Name: _____
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 _____
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.



School District No.59 (Peace River South)

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.

DCSS - Central Campus

10701 10th St, Dawson Creek, BC
250-784-7676

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

For schools within BC using MyEd:

- Withdraw student in MyEdBC
- Change Next School in MyEdBC to DCSS Central Campus
- Forward student files and records to DCSS Central Campus

Thank you,

Jillian Burres
Secretary
DCSS Central Campus
(250) 784-7676



January 2021



School District No.59 (Peace River South)

Student Responsible Use Agreement: 2025-2026 School Year

School: _____

Student Name: _____

Overview	<p>We are pleased to offer students of District 59 Peace River South free access to the Internet. To gain access to this service, all students must obtain parental permission, and must sign and return this form to the school office.</p> <p>Access to the Internet enables students to explore thousands of libraries, databases and bulletin boards while exchanging messages with other Internet users throughout the world. Parents and students should be warned that some material accessible via the Internet contains information that is illegal, defamatory, inaccurate, and offensive to some people. While our intent is to make Internet access available to further educational goals and objectives, students may find ways to access inappropriate materials as well. We believe the benefits to students by accessing information and resources, and opportunities for collaboration, exceeds any disadvantages. While the school sets rules for use of the service, parents and guardians are responsible for setting and teaching the boundaries that their children must follow when using media and information sources.</p>
Internet Rules	<p>Students are to demonstrate acceptable behavior while using the school computer networks at a standard equal to their behavior in the classroom or a school hallway. Communications on the network are often public in nature. General school rules for language, and good behavior in their communications will always apply.</p> <p>Within reason, freedom of speech and access to information will be honored. Outside of school, families bear the same responsibility for such guidance as they exercise with information sources such as television, telephones, movies, radio, and other potentially offensive media.</p>
Data Protection	<p>Network storage areas may be treated like school lockers. Network administrators may review files and communications to maintain system integrity and ensure that students are using the system responsibly. It is important for users to know that files stored on district servers are not to be considered private.</p> <p>Any data stored on servers outside of School District 59 should not be considered as private and confidential as it could be accessed by others according to the laws of the host country (where files are stored). For example, if files are stored on a server in the United States, they may be legally subject to government review upon request; therefore, confidential or private information should <u>not</u> be stored on these web-based services.</p>
The Following are not Permitted	<ul style="list-style-type: none">• Sending displaying offensive messages or pictures, or accessing pornography• Using obscene language• Harassing, insulting, or bullying others• Damaging computers, computer systems or computer networks• Violating copyright laws



School District No.59 (Peace River South)

Student Responsible Use Agreement: 2025-2026 School Year

Privacy Statement

The personal information requested on this consent form is being collected for the purpose of ensuring each student has informed consent of their parent/guardian regarding their Internet use at School District 59. This information is being collected under section 26(d) of the Freedom of Information and Protection of Privacy Act.

If you have any questions regarding this collection, please contact the principal at your child's school. School contact information can be found at: <https://www.sd59.bc.ca/schools>

Parent/Guardian Acknowledgement and Permission

As the parent/guardian of the student named below, I grant permission for my son or daughter to access networked computer services such as the Internet. I understand that some materials on the Internet may be inappropriate for viewing and I accept responsibility for setting and conveying standards for my daughter or son to follow when selecting, sharing, or exploring information and media.

Print Name

Signature of Parent/Guardian

Date

Student Acceptance Statement

As a user of the School District 59 computer network, I agree to comply with the previously stated rules – communicating over the network in a responsible fashion while honoring all relevant laws and rules.

Student Name (Printed Legibly)

Student #

Grade

Signature of Student

Date

******* For School Use Only*******

Access Granted: _____

Minecraft for Education

Minecraft is a platform for creating 3D worlds made from blocks. Minecraft promotes creativity, collaboration, and problem-solving in an immersive environment where the only limit is your imagination.

Microsoft 365 is a subscription service provided by Microsoft and is hosted in Canada by a third-party Canadian contractor. Their primary offering is an e-mail and document service that enables accessing documents at school and at home effortlessly, but have bundled other applications into this subscription, including Minecraft for Education.

Students that wish to access Microsoft 365 services must have an account with Microsoft. To create an account for your child, we provide Microsoft your child's first and last name, student number, school, and scheduled classes. This information, and some user-generated content will be stored in Microsoft datacentres in foreign jurisdictions (primarily, but not exclusively the United States), and will be governed by foreign laws where that data resides. The majority of user-generated content is stored in Microsoft datacentres located in Canada, and are subject to Canadian laws.

Microsoft 365 enables public display of user-generated content which may include personally identifying information through use of sharing features. By default, sharing features are not enabled, and students must explicitly elect to enable them.

Parent/Guardian Microsoft 365 Consent Form

As the parent/guardian of the student named below, I grant permission for my child to access Microsoft 365 services managed by School District 59. I also permit the release of personally identifying information to Microsoft, including my child's first and last name, student number, school, and scheduled classes. In doing so, I understand that the data for this service will be stored on servers located in foreign countries, and the data will be regulated by the laws of the country in which the data is stored.

Student Name (please print)

Signature of Parent/Guardian

Date

Office 365

Office 365 is an email and document service that is provided by Microsoft hosted by a third party Canadian contractor. This service allows students to access documents at school and at home effortlessly with no need for additional software.

To create an account we must provide your child's first name, last name, student number, school and scheduled classes. This information is stored on international based servers for email addresses to be created. The majority of content created by students is stored in a Canadian datacentre and is not accessible to Microsoft. Content in Planner, Sway, Yammer content is currently stored in the United States. Only the data on the US servers is covered under US laws. All content on Canadian servers is only subject to Canadian laws

The Following are not Permitted According to School Board Policy:

- Sending displaying offensive messages or pictures.
- Using obscene language
- Harassing, insulting, or attacking others.
- Damaging computers, computer systems or computer networks.
- Violating copyright laws.
- Using others passwords.
- Trespassing in others folders, work or files.
- Intentionally wasting limited resources.
- Employing the network for commercial purposes unless directly related to a school based program.

Violations may result in a loss of access as well as other disciplinary or legal action.

Parental Office 365 Consent

As the parent/guardian of the student named below, I grant permission for my son or daughter to access Office 365 (Applications) managed by School District 59. I also permit the release of my son's or daughter's first name, last name, student number and school name. In doing so I understand that the data for this service will be stored on Microsoft servers located in other countries. All data on those servers remains the property of the student however it will be regulated by the laws of the country in which it is stored.

Parent/Guardian Signature

Date



**DCSS – Central Campus
Personal Information Consent
2025-2026**

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



DCSS – Central Campus

Notice to Parents and Students: Outside Media in Schools 2025-2026 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 :

School District Information and Privacy Officer, Christy Fennell
11600 – 7th Street Telephone Number: 250-782-8571 Email: cfennell@sd59.bc.ca
January 2021



School District No.59 (Peace River South)

FORM 2

SPECIAL ACTIVITIES INFORMED CONSENT FORM

(This form is used for routine travel for Type A Field Trips.)

School Name: _____

Parent(s), please fill out this form, and return to the trip supervisor.

Trip supervisor(s): _____

Name of Father: _____

Name of Mother: _____

Street Address: _____ Phone No. _____

Name of student: _____

.....
I, the parent (or guardian) of give permission for my child to attend the field trip to

(destination) _____,

from (date) _____, to (date) _____.

I acknowledge that this trip involves the following risks (nature of the trip including risks involved):

By my initial I agree and consent: _____ (Initial)

I/we have read the information to parents explaining the organization and purpose of this trip and acknowledge that School District No. 59 (Peace River South), through the schools in the District, endeavors to enhance the educational activities and benefits available to the students in the School District by initiating and sponsoring activities for which teachers and supervisors volunteer their time, and further acknowledge that I/we [parent(s)] understand and agree to assume all risks and hazards involved or arising out of such activities or transportation to and from such activities.

I/we have discussed the risks of the trip with my/our child.

Signature of Father or Guardian Date _____ (Day/Month/Year)

Signature of Mother or Guardian Date _____ (Day/Month/Year)

Parents should feel free to contact the school with any questions concerning the trip.

MyEducation BC Parent Portal Agreement

The MyEducation BC Parent Portal provides parents and guardians online access to student report cards, attendance records, transcripts, schedules and more. As a parent, School District 59 is seeking your consent to maintain an account connected to your children on the MyEducation BC platform.

Security and privacy are paramount. To prevent unauthorized access to your account, you agree to follow security best practices, including keeping your account credentials private, and you will advise your child's school as soon as possible if you suspect your account has been compromised, or if there are any relevant changes.

Information is collected, used, and disclosed for the purposes of providing you a MyEducation BC parent account under the authority of sections 26(d), 32(b), and 33(2)(a) of the BC Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, use or disclosure of this information, please contact your child's school:

Cynthia Percy – Principal
DCSS Central Campus
10701 – 10th Street
Dawson Creek BC V1G 3V2
cpercy@sd59.bc.ca

By providing the requested information and signing below, you agree to the contents of this agreement, and grant consent for School District 59 to create and maintain a MyEducation BC parent account on your behalf for the 2025-2026 school year.

***If more than one parent/guardian per family is requesting access,
please use a separate form for each parent/guardian.***

Full Name: _____

E-mail Address: _____
Please provide a personal e-mail address

Student Names: (please list all students your account should be connected to)

Parent/Guardian Signature

Date



DCSS Central Campus

MyEducation BC Student Portal Agreement

The MyEducation BC Student Portal is another way in which students can access information about their educational program. Students would have online access to their attendance information, class schedule, course selection and learning update. School District 59 is seeking your consent to maintain an account for your children on the MyEducation BC platform.

Security and privacy are paramount. To prevent unauthorized access to your children's account, you agree to help your child follow security best practices, including keeping the account credentials private, and you will advise your child's school as soon as possible if you suspect the account has been compromised, or if there are any relevant changes.

Information is collected, used, and disclosed for the purposes of providing your children with a MyEducation BC student account under the authority of sections 26(d), 32(b), and 33(2)(a) of the BC Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, use, or disclosure of this information, please contact your child's school:

Ms. C. Percy
Principal
10701 10th Street, Dawson Creek, V1G 3V2
Dcss.cc@sd59.bc.ca

By providing the requested information and signing below, you agree to the contents of this agreement, and grant consent for School District 59 to create and maintain a MyEducation BC student account for the school years your child attends DCSS Central Campus. You may withdraw this consent at any time by contacting the school.

Student Name: _____

E-mail Address: _____

Parent/Guardian Signature

Date



School District No.59 (Peace River South)
School Request Form
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 school in School District No. 59 (Peace River South).

This information is voluntary: ☐ Status ☐ Non Status ☐ Metis ☐ Inuit

The programs could include the following:

- The programs of the Coach/Mentor teachers and/or Indigenous 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): _____



School District No.59 (Peace River South)

CONSENT TO SEND ELECTRONIC MESSAGES

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

School District 59 is requesting 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; or
6. 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.

This information is being collected under section 26(d) of the Freedom of Information and Protection of Privacy Act. If you have any questions regarding this collection, please contact the principal at your child's school. School contact information is available at: <https://www.sd59.bc.ca/schools>

Yes, I consent to School District 59 sending me electronic messages as described above.

Name (please print)

E-mail address

Signature

Date

Student's name(s): _____

*11600-7th Street,
Dawson Creek, B.C. V1G 4R8
Phone: (250) 782-8571 Fax: (250) 782-3204
www.sd59.bc.ca*

Revised February 2025



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 an symptoms 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: _____

Possible Side Effects: _____

☐ **School can Administer Medication** (only 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 might bring on behalf of my child, in connection with my 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