Dawson Creek Secondary School
South Peace Campus
10808 - 15th Street, Dawson Creek, BC, V1G 3Z3
Phone: 250-782-5585 • Fax: 250-782-7221

Supporting a passion for learning in school, community and beyond

REQUIREMENTS FOR SECONDARY SCHOOL REGISTRATION For GRADE 10

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. Any Utility Bill as Proof of Residence
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 like Student Permit or Permanent Resident Card
8. Course Selection

Please choose one of the following ways to submit your registration package:

1. You can call the school and arrange a time to drop of the package and required documents at the school.
2. You can submit your registration package, along with the required documents, via email to rdeocampo@sd59.bc.ca

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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.

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.

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REQUEST FOR STUDENT RECORDS

DATE: TO:

EMAIL: FROM: **DCSS-SOUTH PEACE CAMPUS**

Attention Student Records:

The following student(s) has/have enrolled with DCSS – South Peace Campus 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 (add school name)
- Forward student files and records to (add school name)

Thank you,

Reymond De Ocampo
Senior Student Administration Systems Operator
DCSS – South Peace Campus
rdeocampo@sd59.bc.ca

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MyEducation BC Student Portal Agreement

Dawson Creek Secondary School – South Peace Campus

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:

Judy Eagles, Principal
Dawson Creek Secondary School – South Peace Campus
jeagles@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 Dawson Creek Secondary School – South Peace Campus.
You may withdraw this consent at any time by contacting the school.

Student Name: _____

E-mail Address: _____

_____ _____
Parent/Guardian Signature Date

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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:

Judy Eagles, Principal
Dawson Creek Secondary School – South Peace Campus
jeagles@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 for the school years your child attends Dawson Creek Secondary School. Consent may be withdrawn at any time by contacting the school.

Full Name: _____

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

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

1. _____ 3. _____

2. _____ 4. _____

_____ _____
Parent/Guardian Signature Date

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

School District No.59 (Peace River South)

Student Responsible Use Agreement for School Year:_____

School: Dawson Creek Secondary School – South Peace **Student Name:** _____

Overview	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. 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.
Internet Rules	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. 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.
Data Protection	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. 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 **not** be stored on these web-based services.
The Following are not Permitted	• 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: 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 my 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: _____

Dawson Creek Secondary School
South Peace Campus
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Phone: 250-782-5585 • Fax: 250-782-7221
www.dcss.sd59.bc.ca/spc

Personal Information Consent

School Year: _____

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

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www.dcss.sd59.bc.ca/spc

Notice to Parents and Students: Outside Media in Schools

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 <u>not</u> 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 <u>wish to object</u> 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)

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

Dawson Creek Secondary School – South Peace Campus

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

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

Student Name: _____

School: Dawson Creek Secondary School – South Peace Campus

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

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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

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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

DCSS Grade 10 Course Selection

The course selection guide is available on our website dcss.sd59.bc.ca or in the office. Take a minute to read about the courses to make an informed decision.

Students must select 8 courses

Name:

Student #:

All Grade 10 students will take: Social Studies 10, Science 10 & Career Life Education 10
Mathematics
4.
English Language Arts
5.
List your Physical Education and elective choices
6.
7.
8.
Alternate Electives **(Do not enter into computer)**
A.
B.

Grade 10 Courses

Mathematics
Workplace 10
Foundations and Pre-Calculus 10

English Language Arts
Literary Studies & Creative Writing 10
Literary Studies & New Media Studies 10

Physical Education

Physical and Health Education 10
Athlete Development 10 - (monthly fee)

French Immersion 10
Francais Langue Seconde-Immersion 10
Education au Choix de Carriere et de Vie 10
Etudes Autochtones Contemporaines 12

Elective Courses
Media Design 10

Art Studio 10
Studio Arts 3D 10

Drama: Theatre Company 10
Musical Theatre 10

Power Technogy 10
Metalwork 10
Woodwork 10
Electronics and Robotics 10
Skills Exploration 10A

Leadership 10
French 10
Food Studies 10

Grade 10 Students wishing to take a grade 11 course will need to meet with a counsellor.

OUR MISSION

Empowering our community to be inquisitive, critical and resilient learners and empathetic citizens

***D**iverse **C**ommunity **S**triving for **S**uccess*