



PARKLAND ELEMENTARY SCHOOL

5104 Parkland Road PRRD, BC V1G 0J2

250.843.7777

parkland@sd59.bc.ca

<https://www.sd59.bc.ca/schools/parkland-elementary>

2026-27 School Year

Dear Kindergarten Parent,

Welcome to Parkland Elementary! We are excited to have you as part of our community.

If your child is turning 5 before December 31, 2026, they are eligible to be registered for Kindergarten starting in September 2026. If you are unsure which school catchment area you live within, you can find the Catchment Map on School District 59's website under the Family tab (<https://www.sd59.bc.ca/family/catchment-areas>), or contact us for assistance.

To register for your child for Kindergarten, please complete the attached BC Student Verification Form, and return it to the school's office in person or by email (parkland@sd59.bc.ca). Please fill out this form carefully and completely. Let us know of any relevant medical issues, custody arrangements, special circumstances, or alerts for your child. If there are any court documents, the school will need a copy to keep in our files in order to follow court orders. In September, a complete registration package will be sent home with all students for the 2026-27 school year, once new forms are finalized and school fees are determined.

We will also need proof of your physical address (such as a utility bill, or something showing your 911 address) and a copy of your child's birth certificate. We are happy to make photocopies for you, just pop into our office during secretary hours (Tuesday to Thursday from 8am-2pm).

Please reach out if you have any questions or would like to chat! You can reach our secretary Mrs. Mikkelsen by phone (250-843-7777) or email (kmikkelsen@sd59.bc.ca), or myself at the information below. We are happy to help and look forward to the upcoming school year.

Thank you,

Mark Elson
Principal, Parkland Elementary School
250-843-7777
melson@sd59.bc.ca

Kindergarten Registration Checklist!

- Child turns 5 years old before December 31, 2026?
- Confirmed which school catchment area you are within?
- Completed BC Student Verification Form?
- Copy of your child's birth certificate?
- Proof of address? *Utility bill or assessment notice showing physical address - you can black out private details.*
- Provided any details regarding medical issues, custody arrangements, or special circumstances?



School District No.59 (Peace River South)

School Name: Parkland Elementary
School Year: 2026-27

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.



School District No.59 (Peace River South)

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



School District No.59 (Peace River South)

Please use this space to provide any other relevant information regarding medical issues, alerts, custody arrangements, or special circumstances:

January 13, 2026

Dear Parent/Guardian:

RE: Kindergarten Health Days

Children who will be attending Kindergarten in 2026-2027, are invited to take part in the **Kindergarten Health Days at the Dawson Creek Health Unit** at 1001 110 Ave, Dawson Creek. The scheduled dates are May 7th and 8th, 2026. This event is to obtain first school immunizations prior to starting Kindergarten. If your child has already received these immunizations, you are still welcome to book an appointment as Dental Services and Audiology will be participating in this event.

Please call the Health Unit at 250-719-6500 to make an appointment as soon as possible. Allow about an hour for all services.

**Kindergarten Immunizations
Call 250-719-6500 for an Appointment**

Date: _____

Time: _____

**@ Dawson Creek Health Unit
1001 110 Ave**

If you are new to Dawson Creek, please contact your previous Health Authority (Health Unit) or Health Care Provider where your child was immunized to request a copy of your child's records. Once you have your child's immunization records, upload them to Health Gateway (see QR code at the back).

Call Health Unit in advance to speak with a Primary Care Nurse to give consent for immunizations if someone other than a parent(s) or legal guardian will be bringing your child to the appointment.

If you are unable to attend the appointment, please call the Dawson Creek Health Unit to cancel and/or reschedule your child's appointment.

Sincerely,

Community Health Services Primary Care Nursing team



Add your records to BC's online registry
for easy access anytime, anywhere.
Scan the QR code to get started

For information about immunization,
speak to your health care provider or
visit healthlinkbc.ca/immunizations

Find your immunization record at
healthgateway.gov.bc.ca



05/25

**** If records are not in English or French, please access Translation Services ([visit the Society of Translators and Interpreters of B.C.](#)) Once the immunization records have been translated, they can be submitted to the Government of BC website (<https://gov.bc.ca/immunizationrecord>). Need Help? Call: 1-833-838-2323 7 days a week, 8 am to 6 pm PST. Closed on statutory holidays | Translators are available.**