



## 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:**