11311- 13a street, Dawson Creek, BC V1G 3X8 (250) 782 0122

#### Welcome to South Peace Distributed Learning

#### Registration Requirements for South Peace Distributed Learning.

☐1. Completed registration package.
2. Copy of Valid Identification – Birth Certificate or Passport
☐3. Copy of BC Care Card
☐4. Proof of Residency IE: Hydro bill, PNG bill, lease agreement.
☐5. Copy of Guardianship (if applicable)
6. For international students: Immigration Documents like student permit or permanent resident card.
7. K-9 students must complete a numeracy and literacy assessment for their grade level it will be attached to registration package.
Once we have received all the required documentation, we will get you entered in D2L Brightspace and send you a welcome email with instructions to get started.
f you have any questions, please email <u>amayoh@sd59.bc.ca</u> or <u>sharper@sd59.bc.ca</u> .
hank you,
Aaron Harper
Principal
PDL

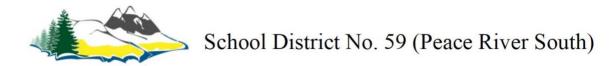


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#### 2025-2026 course Selection Sheet

Physical Education	Mathematics	Planning and Career Focused Courses
Physical and Health Education 10	Workplace Math 10	Career Life Education 10
Fitness and Conditioning 11	Foundations & Pre- Calculus 10	Work Experience 12A
Active Living 12	Workplace Math 11	Work Experience 12B
	Foundations Math 11	CLC 12 *Full time SPDL students only
English Language Arts	Pre-Calculus 11	
	Foundations Math 12	Electives
English First Peoples Literary Studies and Writing 10	Pre-Calculus 12	Computer Studies 10
English Literary Studies and New Media 10 (course completion only)		Foods 11
English Composition 11	Sciences	Interpersonal & Family Relations 11
English First Peoples 12		Psychology 11
English Studies 12	Science 10	
	Life Sciences 11	Child Development and Caregiving 12
	Earth Science 11	Foods 12
		*Full time SPDL students only
Social Studies	Physics 11	Digital Photography 12 *Full time SPDL students only
Social Studies 10	Chemistry 11	
Social Studies 11 - Explorations	Science for Citizens 11	
	Anatomy & Physiology 12	
Physical Geography 12	Chemistry 12	
World Religions 12	Physics 12	
BC First Peoples 12		
20 <sup>th</sup> Century World History 12		
Philosophy 12		

Student NAME:			Parent Signature:
Date:			Principal Signature:
REASON(S) for takir	ng courses requested	(circle):	Counsellor Signature:
Academic Interest	Graduation Requirement	Post-Secondary or Dual Credit	LA Signature:



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# Welcome to SPDL for the 2025-2026 school year. Please read and sign this letter before handing the registration package in.

- Grades 10-12 students are expected to work <u>online</u> and to submit their
  assignments <u>online</u> as soon as they are finished. Help to learn submission and access to
  the technology can be provided. We will not be able to provide paper packages or
  textbooks. Printing of Learning Guides can be arranged with the teacher or Angie
  Mayoh.
- You may ask for a scheduled block if there is room to work in the DL classroom.
   Individual schedules for access to the school can be arranged: please connect with Mr.
   Harper.
- We will be offering afterschool help for technology support and supervision of quizzes and tests. The schedule will be announced in September.
- We will make phone calls, send emails, and provide interim report updating you on your child's progress; we also recommend parents log into their child's Brightspace account to monitor course progress. If you need passwords or help with this, please contact Angie Mayoh.
- Classes Start Sept 11, 2024 June 13, 2025, there will be no extensions past this date. Please make sure you are following the learning plan timelines created at the beginning of the course.
- Test codes will be handed out after prerequisites are met for that unit. We will give the codes to the student to take the exam in our learning space under supervision or a parent can request.
- Students are expected to follow guidelines for academic integrity, including strictly avoiding use of AI or Language Learning Models (such as Grammarly), unless previously arranged with the teacher.

Please let us know if you have any questions or concerns.

We look forward to working with you this year!
SPDL Team
Mr. Harper – Principal
Mr. Moeller 9-12 Humanities
Shannon Delawsky– 9-12 Math and Science.
Angie Mayoh – Computer Managed Instruction



# School District No. 59 (Peace River South)

# **South Peace Distributed Learning**

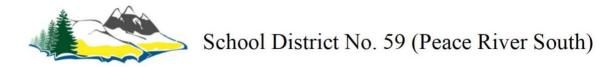
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		Date:	
Student Contact Email: Student Number:			
Student Contact Phone Number	er:		
Student Birthdate: (mm-dd/yy	yy)		
Student Signature:	-		
Does Student have an	IEP or designa	tion։ <u>Ye</u> ş / <u>N</u>	<u>o_</u>
Parent/Guardian Name:		Signature:	
Tarenty Guardian Hamer		5.8.1.4.4.6.	
	Date	Completed By	Initials
Student Registration Received			
and Registered with SPDL in			
MyEd			
Student Enrolled in D2L			
Brightspace			
	Dete	Completed	luiziala
	Date	Ву	Initials
Course Outline & Expectations			
Reviewed			
	·	1	

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#### **BC STUDENT INFORMATION VERIFICATION FORM REPORT**

DEMOGRAPHICS		
Legal Last Name:	Legal Mid	dle Name:
Legal First Name:	Student C	ell Number:
Student Email Address:		
Home Street Address:		
City:	Prov:	Postal Code:
Physical 911 Address:		
Usual Last Name:	Usual First N	Name:
Usual Middle Name:	Preferred Ge	nder:
Legal Gender:		
Mailing Address if different than Home	Address:	
Date of Birth:	Proof of Ag	e:
Street Address:	Ho	ome Phone Number:
RR Number/PO Box:		
City:	Prov:	Postal Code:
Care Card Number:	Is your child	Immunized? Yes No
Previous school:	District No:	Previous Teacher:
Current School:	Current Grade:	



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#### **PARENT/GUARDIAN INFORMATION**

Name:	Contact can pick up? Yes	No
Receive Mailings? Yes No		
Relationship: Parental Au	thority or Guardian? Yes	No
Contact Lives with Student? Yes No		
Home Phone Number:	_ Cell Phone Number:	
Work Phone Number:	_ Email:	
Address if different from Student:		
Comment (e.g Custody):		
Name:	Contact can pick up? Yes	No
Receive Mailings? Yes No		
Relationship: Parental Au	thority or Guardian? Yes	No
Contact Lives with Student? Yes No		
Home Phone Number:	_ Cell Phone Number:	
Work Phone Number:	_ Email:	
Address if different from Student:		
Comment (e.g Custody):		

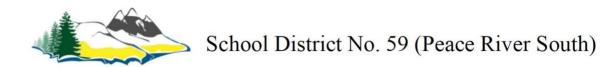
If address is different, proof of BC residency of Parent/Guardian must be provided (e.g Utility Bill, Care Card). The custodial parent must be a resident of BC.



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#### **EMERGENCY CONTACT INFORMATION: OTHER THAN PARENT**

Contact #1:	Rela	ationship to Student:
Home No:	Cell No:	Work No:
Contact #2:	Rela	ationship to Student:
Home No:	Cell No:	Work No:
SIBLING INFORMATION		
Name:	Sibling School:	Grade:
Sibling Phone Number:		
Name:	Sibling School:	Grade:
Sibling Phone Number:		
Name: —	Sibling School:	Grade: ———
Sibling Phone Number:		
STUDENT LEGAL ALERT	S – COURT ORDER ON FILE	
Description:		
STUDENT MEDICAL ALE	RT – LIFE THREATENING	
Description:		
OTHER STUDENT ALER	S – HEALTH, FAMILY OR OTHER INFORMA	ATION
Description:		



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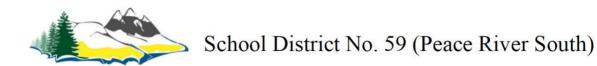
Country of Birth:	Visa Status:
Country of Citizenship:	Visa Expiration Date:
LANGUAGE AND CULTURE	
Home Language:	First Language:
Language Most Used:	
Aboriginal Ancestry:	Aboriginal Program:
	Band of Residence:
The information on this form is c The information provided will be when required, may be provided Section 79(2) of the School Act. T with the Freedom of Information	ollected under the authority of the School Act, Section 13 and 79. used for educational program and administrative purposes, and to health services, social services or support services as outlined in he information collected on this form will be protected consistent and Protection of Privacy Act. If you have any questions about form, please contact your School Administrator.
The information on this form is c The information provided will be when required, may be provided Section 79(2) of the School Act. T with the Freedom of Information the information recorded on this	ollected under the authority of the School Act, Section 13 and 79. used for educational program and administrative purposes, and to health services, social services or support services as outlined in he information collected on this form will be protected consistent and Protection of Privacy Act. If you have any questions about

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 (the students may not be allowed to attend classes and may be provided with schoolwork to be c

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#### Personal Information Consent 2025 - 2026

Please com	aplete, sign, and return to your school.	
Student's (please print)	Name: (Last)	(First)
Collection,	use, and sharing of student personal information	ation
directly rel	d Districts are authorized to collect, use, and lated to and necessary for their educational rposes, parental consent is required.	
photograph school or D student acl	hs, videos, images, and/or names of student	rposes, such as recognizing and encouraging
Please cheoused or sha	ck boxes to indicate consent for the followin ared in:	g as student names, and/or images may be
School magazi	and District communications, such as newsine.	letters, brochures, Focus on Education
	ook: (see additional form attached. The form ble or stored in locations outside Canada)	must be completed if any information will be
School	l and District websites.	
Social	media sites (e.g. Facebook)	
Online	e video (e.g. YouTube), with limited or public	c access;
Video	os, CDs, and DVDs designed for educational u	se only.



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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 <u>until September 30</u> of the next school year.

the next school year.	or the convenience of the last
Date:	
Parent's Name: (Last)(please print)	(First)
Parent/Guardian* Signature:	
Parent/Guardian Contact Information (	for contacts related to this notice)
Telephone No.:	Email:
If you have questions about this consent or you may contact:	about the collection of student personal information,
School District Information and Privacy Off	ficer, Christy Fennell
11600 – 7th Street Telephone Number: 25	0-782-8571 Email: cfennell@sd59.bc.ca

11311- 13a street, Dawson Creek, BC V1G 3X8 (250) 782 0122

# 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:
<ul> <li>Tell your child to avoid these situations,</li> <li>Tell your child's teacher of your wishes,</li> </ul>
<ul> <li>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.</li> </ul>
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. <b>For Parents</b> : 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

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# CONSENT TO SEND ELECTRONIC MESSAGES

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

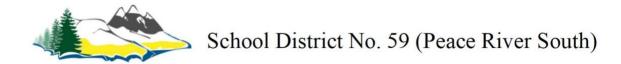
This consent form will ensure that School District 59 has your consent to send you newsletters, announcements and other electronic messages that may contain advertising or promotions including:

- 1. Field trips.
- 2. Fundraising.
- 3. Yearbooks.
- 4. Student pictures.
- 5. Event tickets.
- 6. Or similar events and offers.

If you wish to receive the above communication from us, please provide your email address and your signature for consent.

You may withdraw your consent at any time by informing the school of your intention.

Yes, I would like the school district to send m above. e-mail address:	Ğ
(Name – please print)	_
Date:	
(Signature)	_
Student's name(s):	



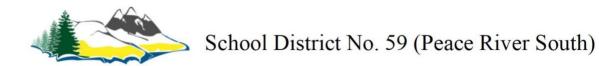
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# **Student Medical Alert Information**

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:	Birthda	te (yyyy/mm/dd):	
Parent/Guardian:			
Date Information Provided (yyyy	r/mm/dd):		
Diagnosis/Condition:			
Date Condition Identified (appro	»x.):		
Describe the condition (expected	d problem):		
SCHOOL EMERGENCY CONTACT	INFORMATION		
Who should we contact in the ev	rent of a symptom being displar	yed? (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:			



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#### **MEDICATION**

If their 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 f	or this condition	
Name of Medication(s):		<del>-</del>
Possible Side Effects:		<del>-</del>
School can Admini student medication)	ster Medication (only complete this bottom section if school is to give	
Name of Medication:	Amount to be given:	
When should it be Administered (time):	Name of physician prescribing:	
Possible side effects:		
of medication at school of school hours. I HEREBY R administrators, and emp that I bring on behalf of Medication at School". I	the above-named student, confirm that my request for administration for my child is necessary, in that the medication must be given during ELEASE School District #59 (Peace River South), its officers, directors, cloyees, of any liability for all claims whatsoever that I might have or my child, in connection with current "Request for Administration of also hereby give permission for this information to be used by the cipal, classroom teacher, Learning Assistance teacher and other onnel).	
I understand that this au	thorization is valid for 12 months from the date of signature.	
Parent/Guardian Signatu	re Effective Date	

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#### **REQUEST FOR STUDENT RECORDS**

DATE:	TO:		
EMAIL:	FROM: SPDL		
Attention Student Records:	Attention Student Records:		
The following student(s) has/ha	ave enrolled with (insert	school name) startin	g (insert start date).
LEGAL NAME	GENDER	DATE OF BIRTH	GRADE
<ul> <li>Support Services File (</li> </ul>	ans (IEP): if there is one for Confidential Files): if the ing to the above student from s, etc.	ere is one for the student om Psychologists, Socia	t including any confidential or I Worker, Speech/Language reby authorize you to
Release/share the above note information relevant to the plan			
Print Parent/Guardian Name	Parent/Guardia	n Signature	Date
Thank you,			
South Peace Distributed Learn	ing		



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#### D2L Brightspace

Brightspace is a cloud-based learning management system that supports both online and blended learning. School District 59 is using Brightspace in conjunction with its Distributed Learning program.

Teachers use Brightspace to create and deliver course content, assessments, and activities in a centralized web-based platform. This includes creating, organizing, and sharing course materials, such as documents, videos, quizzes, and assignments. Teachers create and grade assignments, quizzes, and exams, and track students' progress using Brightspace's grading and analytics tools.

Desire2Learn requires personal information for your child to use Brightspace. Brightspace uses this information to provide the service, and additionally, they work with third party service providers that may collect, store, and/or process data on behalf of Desire2Learn.

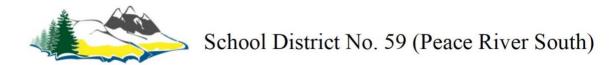
More details can be found on Desire2Learn's privacy policy page: <a href="https://www.d2l.com/legal/privacy/">https://www.d2l.com/legal/privacy/</a>

Any questions can be directed to:
Aaron Harper, Principal, South Peace Distributed Learning School
11311-13a
Dawson Creek, BC
V1G 3X8
aharper@sd59.bc.ca • (250-782-0122)

#### Parent/Guardian Brightspace Consent Form

As the parent/guardian of the student named below, I grant permission for my child to access Brightspace managed by School District 59. I permit the release of personally identifying information to D2L Corporation, including my child's name, username, e-mail address, school, assignment assessments and grades, and data and activity collected directly from the student during use of Brightspace. This personal information is collected under FOIPPA authorities 26(c), 32(a), and 33(2)(d). In doing so, I understand that the data for this service will be stored in Canada and governed by Canadian laws.

Student Name (please print)	Student Number	
	 Date	



11311- 13a street, Dawson Creek, BC V1G 3X8 (250) 782 0122

	SPDL		
School:		Student Name:	

# School District 59 Student Responsible Use Agreement: 2025- 2026 School Year

	We are pleased to offer students of District 59 Peace River South free access to the Internet
	and to email. To
	gain access to this service, all students must obtain parental permission and must sign and
Overview	return this form to
	the school office.
	Access to e-mail and 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.
	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
Email and	the network are often public in nature. General school rules for language, and good behavior in
Internet Rules	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	Network storage areas may be treated like school lockers. Network administrators may review
Protection	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
Data	and confidential as it could be accessed by others according to the laws of the host country
Protection	(where files are stored). For example, if files are stored on a server in the United States, they
(Continue)	may be legally subject to government review upon request;



# School District No. 59 (Peace River South)

#### **South Peace Distributed Learning**

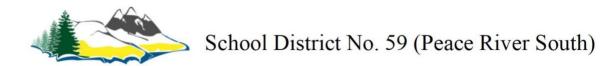
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	therefore, confidential, or private information should <b>not</b> be stored on these web-based
	services.
PeaceNet	Google Apps is an email and document service that is provided by Google Inc. This service allows students to access documents at school and at home effortlessly with no need for
Google Apps	additional software.
(Releasing	duditional software.
Personal	To create an account, we must provide Google with your son or daughter's first name, last
information)	name, student number and school. Most of Google's servers are in the United States,
	which is where the data is stored. All data on "offshore" servers is covered under that nation's
	laws.
The Following	Sending displaying offensive messages or pictures or accessing pornography
are not	Using obscene language
Permitted	Harassing, insulting, or bullying others
	Damaging computers, computer systems or computer networks
	Violating copyright laws
	Using other's passwords
	Trespassing in other's folders, work or files
	Intentionally wasting limited resources.
	Employing the network for commercial purposes unless directly related to a
	school-based program.

#### 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 that 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	

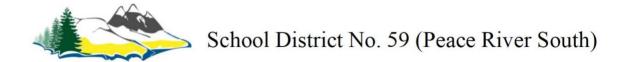


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#### **Parent/Guardian Google Apps Consent**

As the parent/guardian of the student named below, I grant permission for my son or daughter to access Google Apps (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 to Google. In doing so I understand that the data for this service will be stored on Google 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.

Print Name	
Signature of Parent/Guardian	
Date	
Student Acceptance Stat	<u>ement</u>
As a user of the School District 59 computer network, I agree stated rules – communicating over the network in a respor relevant laws and rules.	
Student Name (Printed Legibly)	
Grade	
Signature of Student	
Date	
***** For School Use On	V**** <u></u>
Student #:	



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#### Sora

Sora by Overdrive gives students one-tap access to a large collection of e-books, audiobooks, read-along, magazines, and more on any device, at any time.

Personal information is required for your child to use Sora. Overdrive uses this information to provide the Sora service, and additionally, they work with third party service providers that may collect, store, and/or process anonymized data on behalf of Overdrive.

More details can be found on Overdrive's privacy policy page: https://company.cdn.overdrive.com/policies/privacy-policy

Any questions can be directed to:
Aaron Harper, SPDL
10808 15<sup>th</sup> street
Dawson Creek,
B.C. V1G 3Z3
aharper@sd59.bc.ca /250-262-6751

#### Parent/Guardian Sora Consent Form

As the parent/guardian of the student named below, I grant permission for my child to access Sora managed by School District 59 for the 2023-24 school year. I permit the release of my child's personal information to Overdrive, including my child's name, student number, e-mail address, school, grade level, and data and activity collected directly from the student during the use of Sora. This personal information is collected under FOIPPA authorities 32(b) and 33(2)(c). In doing so, I understand that the data for this service will be stored in, and governed by, laws and regulations of the United States of America.

Student Name (please print)	Student Number*0000000*
Signature of Parent/Guardian	 Date