



School District No. 59 (Peace River South)

South Peace Distributed Learning

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.

If you have any questions, please email amayoh@sd59.bc.ca or aharper@sd59.bc.ca.

Thank you,

Aaron Harper
Principal
SPDL



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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 th Century World History 12					
Philosophy 12					

Student NAME: _____

Parent Signature: _____

Date: _____

Principal Signature: _____

REASON(S) for taking courses requested (circle):

Counsellor Signature: _____

Academic Interest	Graduation Requirement	Post-Secondary or Dual Credit Prerequisite
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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 online and to submit their assignments online 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



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Date: _____

Student Contact Email: _____

Student Number: _____

Student Contact Phone Number: _____

Student Birthdate: (mm-dd/yyyy) _____

Student Signature: _____

Does Student have an IEP or designation: Yes / No

☐ ☐

Parent/Guardian Name: _____ Signature: _____

	Date	Completed By	Initials
Student Registration Received and Registered with SPDL in MyEd			
Student Enrolled in D2L Brightspace			

	Date	Completed By	Initials
Course Outline & Expectations Reviewed			



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BC STUDENT INFORMATION VERIFICATION FORM REPORT

DEMOGRAPHICS

Legal Last Name: _____ Legal Middle Name: _____

Legal First Name: _____ Student Cell Number: _____

Student Email Address: _____

Home Street Address: _____

City: _____ Prov: _____ Postal Code: _____

Physical 911 Address: _____

Usual Last Name: _____ Usual First Name: _____

Usual Middle Name: _____ Preferred Gender: _____

Legal Gender: _____

Mailing Address if different than Home Address: _____

Date of Birth: _____ Proof of Age: _____

Street Address: _____ Home 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 Authority 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 Authority 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: _____ Relationship to Student: _____

Home No: _____ Cell No: _____ Work No: _____

Contact #2: _____ Relationship 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 ALERTS – COURT ORDER ON FILE

Description: _____

STUDENT MEDICAL ALERT – LIFE THREATENING

Description: _____

OTHER STUDENT ALERTS – HEALTH, FAMILY OR OTHER INFORMATION

Description: _____



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CITIZENSHIP

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: _____

Status Card Number: _____ 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 (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 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.



School District No. 59 (Peace River South)

South Peace Distributed Learning

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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 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



School District No. 59 (Peace River South)

South Peace Distributed Learning

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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*



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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 e-mail 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 me electronic messages as described above.

e-mail address: _____

(Name – please print)

Date: _____

(Signature)

Student's name(s): _____



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South Peace Distributed Learning

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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: _____ 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 a symptom 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: _____



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South Peace Distributed Learning

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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 for this condition

Name of Medication(s): _____

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 all claims whatsoever that I might have or that I bring on behalf of my child, in connection with 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



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South Peace Distributed Learning

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REQUEST FOR STUDENT RECORDS

DATE:

TO:

EMAIL:

FROM: SPDL

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

Thank you,

South Peace Distributed Learning



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(250) 782 0122

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:

<https://www.d2l.com/legal/privacy/>

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

Signature of Parent/Guardian

Date



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(250) 782 0122

School: SPDL

Student Name: _____

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

Overview	<p>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 return this form to the school office.</p> <p>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.</p>
Email and 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>
Data Protection (Continue)	<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;</p>



School District No. 59 (Peace River South)

South Peace Distributed Learning

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

	therefore, confidential, or private information should <u>not</u> be stored on these web-based services.
PeaceNet Google Apps (Releasing Personal information)	<p>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 additional software.</p> <p>To create an account, we must provide Google with your son or daughter's first name, last 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.</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• 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



School District No. 59 (Peace River South)

South Peace Distributed Learning

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

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 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)

Grade

Signature of Student

Date

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

Student #:



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South Peace Distributed Learning

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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 15th 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*00000000*

Signature of Parent/Guardian

Date