

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

Welcome to SPDL for the 2025-2026 school year.

Please read over this letter and sign before handing registration package in.

- K-3 students will receive paper packages only. They may need to access online
 platforms and websites for some of their work. These links can be found in the
 weekly package overview.
- 4-9 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 how to do it and access to the technology can be provided. We will not be able to provide paper packages for Grades 4-9
- There must be a home facilitator overseeing K-8 students work and helping with course progression. Many learning guides have instructions for the home facilitators to guide them in the role. As a home facilitator you should be checking in on your child/students Brightspace to see how they are progressing in the course. If you need help with this, please reach out to Angie Mayoh.
- Drop-in sessions for K-8 will be available for students only (parents can drop off their students for the duration of the session and pick them up at the end). There will be two parent-teacher interviews windows during the school year to discuss students' learning and coursework. Parents who wish to meet with the teacher outside of these windows are invited to book an appointment. Grade 9 students can arrange a time for drop ins at the South Peace Campus.
- For K-3 If you are sending in work packages through board, please take a picture or photocopy to ensure there is still a copy if it gets lost in the mail.
- Sample schedules are provided as a guideline, but the coursework is heavy and cannot be competed with just a couple of hours a day.
- We will connect with you to set up an appointment to create a learning plan for your child.
- 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	aharper@sd59.bc.ca		
Mme Lauzé- K-8 teache	er mlauze@sd59.bc.ca		
Angie Mayoh – Compute	er Managed Instruction a	amayoh@sd59.bo	<u>c.ca</u> or spdls@sd59.bc.ca
Parent signature:		Date:	

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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Distributed Learning Registration Form

Date	School of Record	Grade
STUDENT INFORMATION:	·	
Student Name:		
Student Number:		
Parent/Guardian Name:		
Parent/Guardian Email:		
Parent/Guardian Contact Phone	Number:	
Special Education Designation:	Yes No Comment: _	
Parent/Guardian Signature:	<u> </u>	
ACCESS TO TECHNOLOGY:		
Computer: Apple PC	☐ Ipad ☐ Tablet	
Internet Connection: Strong	Weak None	
If there is more than one child at ho	me, does each child have access to t	heir own technology?
Yes No		
Comments:		



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ELEMENTARY USE ONLY

LEARNING PACKAGE PIO	KUP LOCATION:		
SPDL Elementary O	ffice		
Tumbler Ridge Elementary School			
Little Prairie Elementary School			
Devereaux Elementary School			
Don Titus Montesso	Don Titus Montessori Elementary School		
Moberly Lake Elen	nentary School		
Windrem Elementary School			
Pouce Coupe Elementary			
signing this form you ackn	owledge that although the	sted on a site in the United States of information is private and will not be, it is subject to the laws of the gov	e shared by
	Date	Completed by	Initials
Student Registration Received/Complete			
Student Enrolled in			
Brightspace (4-7)			
Student Learning			
Plan Reviewed with			
Parent and Student			
OFFICE/TEACHER USE O	NLY School Name:	SPDL	

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

School Year: 2025-2026

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:
Streeet 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:



South Peace Distributed Learning

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

PARENT/GUARDIAN INFORMATION

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

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



South Peace Distributed Learning

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

C	Contact #1:	Relation	ship to Student: _	
Н	lome No:	Cell No:	Work No:	
C	Contact #2:	Relation	ship to Student: _	
Н	lome No:	Cell No:	Work No:	
s	BLING INFORMATION			
N	lame:	Sibling School:		Grade:
S	bibling Phone Number:			
N	lame:	Sibling School:		Grade:
S	Sibling Phone Number:			
N	lame:	Sibling School:		Grade: ————
S	Sibling Phone Number:			
s	TUDENT LEGAL ALERTS – COURT ORDE	ER ON FILE		
D	Description:			
S	TUDENT MEDICAL ALERT – LIFE THREA	TENING		
D	Description:			
0	THER STUDENT ALERTS – HEALTH, FAI	MILY OR OTHER INFORMATION		
D	Description:			

CITIZENSHIP



South Peace Distributed Learning

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

	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:
	cted under the authority of the School Act, Section 13 and 79. Ed for educational program and administrative purposes, and
Section 79(2) of the School Act. The with the Freedom of Information and	ealth services, social services or support services as outlined in nformation collected on this form will be protected consistent d Protection of Privacy Act. If you have any questions about n, please contact your School Administrator.

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.



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

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 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 Child's home, relative caregiver Family child-care, licensed Other home based unlicensed, non-relative Other care Was the child's child-care program prior to entry to kindergarten? Yes Full-time Part-time Did the child attend 'other' language classes? (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? (Please Specify) StrongStart CCR & R Other Reminder – information will remain completely confidential! Thank you for your cooperation

School Name:



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

Personal Information Consent 20 25 - 20 26

Please complete, sign, and return to your school.
Student's Name: (Last) (First)
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.
AI 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.



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

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.

Date:	
Parent's Name: (Last)(please print)	(First)
Parent/Guardian* Signature:	
Parent/Guardian Contact Information (f	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: 250-782-8571 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

	2020 2020 8011001 304	•
For parents	nts* and high school students: Please complete, sign, and	return to your school.
Student's N (please prin	s Name: (Last)(First)	
permitted ovideo or conschool progachievemen	ncluding radio, television, newspapers, and other prind or invited to come to the school or to school activitic conduct interviews with students, for the purposes of programs, building public support for public education nent. u do not want your child to be involved in such activities.	es and allowed to take photos or oromoting public understanding of , and encouraging student
·	 Tell your child to avoid these situations, Tell your child's teacher of your wishes, 	, .
	• Complete and return this form with the box beloschool district to take reasonable steps to avoid this name, image, or personal information by outside n	type of publication of your child's
Note that a	t sahaal staff aannat aantral naws madia aaaass, nhat	og/vidaog takan by tha madia ar athe

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

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

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:

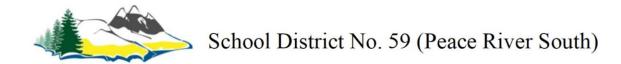
- 1. Field trips;
- 2. Fundraising;
- 3. Yearbooks;
- 4. Student pictures;
- 5. Event tickets;
- 6. Or, similar events and offers.

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

Yes. I would like the school district to send me electronic messages as described

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

above. e-mail address:	-
(Name – please print)	
Date:	
Signature)	
Student's name(s):	



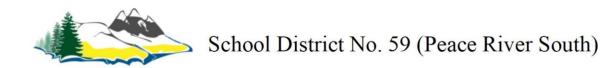
11311- 13a street, Dawson Creek, BC V1G 3X8 (250) 782 0122

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:	Birt	hdate (yyyy/mm/dd):		
Parent/Guardian:				
Date Information Provided (yyyy	y/mm/dd):			
Diagnosis/Condition:				
Date Condition Identified (appro	Date Condition Identified (approx.):			
Describe the condition (expected pr	roblem):			
SCHOOL EMERGENCY CONTACT INF		splayed? (check all that apply)		
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:			



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

Symptoms to watch for:

MEDICATION

If there student is taking a medication for Epipen, Benadryl) at school, please con	the condition or should be given medication (i.e. nplete the information below.
Takes medication for this condition	
Name of Medication(s):	
Possible Side Effects:	
School can Administer Medication student medication)	n (onl 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 for my child is no school hours. I HEREBY RELEASE School administrators, and employees, of any li- have or that I bring on behalf of my child Administration of Medication at School."	ed student, confirm that my request for administration ecessary, in that the medication must be given during of District #59 (Peace River South), its officers, directors, liability for any and all claims whatsoever that I might d, in connection with current "Request for I also hereby give permission for this information to cipal, classroom teacher, Learning Assistance teacher I).
I understand that this authorization is val	id for 12 months from the date of signature.
Parent/Guardian Signature	Effective Date

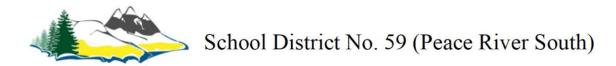
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REQUEST FOR STUDENT RECORDS

DATE:

TO:

EMAIL:	FROM: SPDL		
Attention Student Record	s:		
The following student(s) has	s/have enrolled with (inser	t school name) starting (insert start date).
LEGAL NAME	GENDER	DATE OF BIRTH	GRADE
records of discipline r information regarding Permanent Student Individual Education Support Services Fi	Record Card n Plans (IEP): if there is one le (Confidential Files): if th ining to the above student fro llors, etc.	nterventions, behavior plans for the student. ere is one for the student in om Psychologists, Social V	s and any other pertinent necluding any confidential or
I confirm that I am the parer	nt/guardian of the above-n	amed student(s). I hereb	y authorize you to
Release/share the above no information relevant to the p			
Print Parent/Guardian Nam	e Parent/Guardia	ın Signature	Date
Thank you,			
South Peace Distributed Le	arning		



11311- 13a street, Dawson Creek, BC V1G 3X8 (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.

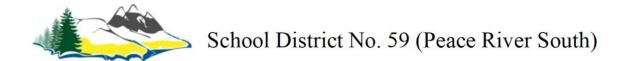
More details can be found on Desire2Learn's privacy policy page: https://www.d2l.com/legal/privacy/

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	



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

Sora

Sora by OverDrive gives students one-tap access to a large collection of e-books, audiobooks, read-alongs, 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:
Maria Lauzé, SPDL
11311 13A Street
Dawson Creek, Bc
V1G 3X8
mlauze@sd59.bc.ca • 250-782-0122

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



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

School District 59 Student Responsible Use Agreement: 20 $\frac{25}{2}$ - 20 $\frac{26}{2}$ School Year

Overview	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.
	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.
Email and 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.
Data Protection (Continue)	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.



South Peace Distributed Learning

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

PeaceNet Google Apps	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.
(Releasing Personal information)	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 located in the United States, which is where the data is stored. All data on "off-shore" 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	

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 Stat	ement
As a user of the School District 59 computer network, I agr 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****
Student #:	